



AGENCY APPLICATION FORM

APPLICANT FIRM NAME.....

ADDRESS:.....

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Telephone No: Fax No: Email address.....

1. When was the firm established?.....

2. Advise names of all active Directors/Partners/Principal, approximate dates of appointment and percentage of ownership or interest. The percentage of time spent on your firm's business and details of their insurance background

NAMES	DATES	PERCENTAGE OF OWNERSHIP INTEREST	PERCENTAGE OF TIME SPENT ON THE FIRM'S BUSINESS	INSURANCE BACKGROUND
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Melrose House, Dundrum Road, Dundrum, Dublin 14. Tel: 01-298 8899. Fax: 01-2980361. E-mail: info@sus.ie



3. Advise total number of staff in the company
- (i) Executives/Directors
 - (ii) Producers and/or Salespersons
 - (iii) Administrative
4. (a) Is your firm a member of any Broker or Trade Association Yes/No
- If yes please identify and advise if you have ever been declined, cancelled or withdrawn from any Trade Association
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- (b) Are you regulated as:
- (i) An Authorised Advisor Yes/No
 - (ii) A Section 10 Multi Agency Intermediary Yes/No
 - (iii) A Section 26 Multi Agency Intermediary Yes/No
 - (iv) An Insurance Intermediary under the IMD only? Yes/No
- c) What is your Central Bank reference No.
5. What is the capital of the firm:-
- (a) Authorised (b) Paid Up
6. Confirm that your firm transacts insurance business only Yes/No
(if not, we require full details of all other activities of your business).
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7. a) Please confirm that you hold a separate bank account for client premiums Yes/No
- b) Client Premium Non-Life Bank A/C no:.....
- c) Name and Address of Bankers:
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8. Confirm that the firm carries Professional Indemnity Insurance Yes/No
Please state:-
- (a) Policy No.
 - (b) Limit of Indemnity: €..... each & every/aggregate



- (c) With what Excess: €..... each & every/aggregate
 - (d) Insurer / Underwriter:
 - (e) Does coverage include dishonesty or fraud
 - (i) of the Insured's Partners or Directors..... Yes/No
 - (ii) of the Insured's Staff Yes/No
9. Does your firm hold or has it held Underwriting Authority for any insurer?
If so please advise:-
- (a) For which Insurers.....
 - (b) For approximately how long.....
 - (c) For what classes
 - (d) What authority to settle claims
 - (e) Were any such authorities discontinued by any insurer within the last three years? If so, for what reasons
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10. Is your firm associated or affiliated with any other Brokerage House,
Agency or Insurance Company Yes/No
If yes, give full details
.....
11. Have you transacted business directly through any Lloyds Broker Yes/No
If yes, give:
Name of Lloyds Brokers
- State if currently transacting business with them..... Yes/No
If No, please state reason why:.....

I hereby declare that each of the Foregoing Statements is Complete and True to the Best of my Knowledge and Belief.



I hereby authorise Specialist Underwriting Services Ltd. to carry out whatever trade referencing or enquiries deemed necessary pursuant to the granting of an Agency with them.

Signed:.....

(Director/Partner/Principal on behalf of the Applicant Firm)

Name of Signatory in Block Letters

Date..... 20.....

**N.B.: Please attach copies of your: (1) Central Bank Authorisation(s)
(2) Current P.I. Policy**