

Agency Application & Registration Form



Company:

Membership: IIB BIBA Other (Please state)

FSA Number:

Name of Compliance Officer:

Email Address

KEY CONTACT:
NAME OF ADMINISTRATOR AND KEY POINT OF CONTACT TO INSUREIT UK LTD

Title:

First Name:

Surname:

Position:

Email Address:

Telephone No:

Fax No:

Main Company Email Address:

Main Accounts Email Address:

Details of all staff members that require access to our ONLINE PLATFORM

Full Name
Email Address

Full Name
Email Address

Full Name
Email Address

Full Name
Email Address

Full Name
Email Address

Full Name
Email Address

Full Name
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Full Name
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Email Address

BROKER PROFILE

To assist your application please provide the following additional information

TYPES OF BUSINESS TRANSACTED

Please provide the approximate amount of your business in the following sectors

Commercial Property Insurance (ex Property Owners detailed below)	£	GWP
Motor Fleet Insurance	£	GWP
Property Owners (Commercial and Residential)	£	GWP
Other Commercial Insurance or Principal business activities, please specify	£	GWP
Personal Lines; Motor and Household	£	GWP

Do you operate in any specialist schemes/facilities that specialise in any area of insurance? If so please provide details:

Please list your top 5 agencies:

1.	
2.	
3.	
4.	
5.	

Please detail a brief Business Profile; including staffing numbers, any specialist experience, number of years trading, target business and marketing approach.

Has any Insurer cancelled your agency with them, for any reasons? If yes, please provide details:

PROFESSIONAL INDEMNITY INSURANCE

Please confirm Insurer and Indemnity Limit

Insurer	<input style="width: 600px; height: 25px;" type="text"/>
Indemnity Limit	<input style="width: 600px; height: 25px;" type="text"/>
Renewal Date	<input style="width: 600px; height: 25px;" type="text"/>

PROFESSIONAL INDEMNITY CLAIMS

Have you had any Professional Indemnity claims in the last 3 years? If so, please provide brief details and settlements costs/reserves (please provide continued support sheet/letter if necessary):

DO YOU HAVE ANY "ONLINE" TRAINING REQUIREMENTS

Please advise if training required and CONTACT POINT

Yes	No
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Signed:	<input style="width: 640px; height: 25px;" type="text"/>
Full Name: (Block Capitals)	<input style="width: 640px; height: 25px;" type="text"/>
Position:	<input style="width: 640px; height: 25px;" type="text"/>
Dated:	<input style="width: 640px; height: 25px;" type="text"/>