

Agency Application & Registration Form

Company:

Membership:

BIBA / IIB Other Please state

FCA Number:

Name of Compliance Officer:

Email Address:

Operational Address:

KEY CONTACT:

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

Telephone No:

Fax No:

Main Company Email
Address:

Title:

First Name:

Surname:

Position:

Email Address

Main Accounts Email Address:

BROKER PROFILE

To assist your application, please provide the following additional information.

TYPES OF BUSINESS TRANSACTED

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

Commercial Property Insurance (EX: Property Owners detailed below)	£
Motor Fleet Insurance	£
Property Owners (Commercial and Residential)	£
Other Commercial Insurance or Principal business activities, please specify	£
Personal Line Motor and Household.	£

Please list your top 5 agencies by GWP:

1	
2	
3	
4	
5	

Please detail a brief Business Profile:-	
Year Established:	
Number of Staff	
Business Specialisms:	

PROFESSIONAL INDEMNITY INSURANCE

Please confirm:

Insurer

Indemnity Limit

Renewal Date

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 is necessary)

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Has any agency facility been withdrawn or cancelled?

YES / NO

If yes, details

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Signed:

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Full Name (Block Capitals):

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Position:

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Dated:

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DO YOU HAVE ANY “ONLINE” TRAINING REQUIREMENTS

Please advise if training required and CONTACT POINT

YES / NO

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

Full Name	
Email Address	
Full Name	
Email Address	
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