



INTERMEDIARY AGENCY APPLICATION FORM

Intermediary Details

Intermediary Name:

Trading Name(s):

Group or Parent Company (if any):

Address:

Tel No:

Fax No:

Company Email Address:

Company Registration Number:

Date Business Established:

No. of Full Time Staff:

No. of Part Time Staff:

Agency Contact Name:

Agency Contact Email:

Claims Contact Name:

Claims Contact Email:

Are you authorised by the FCA? YES / NO

Firm reference Number (FRN):

Are you registered by the FCA for consumer credit activities? YES / NO

Branch Offices: (Please attach a separate page if required)

Address:

Address:

Tel:

Fax:

Tel:

Fax:

Email Address:

Email Address:

Financial Details:

Name & Address of Your Accountants:

Name & Address of Your Bank:

Financial Year End:

Do you have FCA permission to Hold Client Money? YES / NO
(If 'YES') Statutory Trust / Non-Statutory Trust
(If 'NO') What type of account are monies held in? _____

Professional Indemnity Details:

Insurer:

Limit of Indemnity: Expiry Date: Current Premium:

Details of any claims, including amounts:

We would remind you that it is an ongoing condition of your agency facility with us that adequate Professional Indemnity Insurance be maintained at all times in accordance with regulatory requirements.

Directors / Partners / Principal: (Please attach a separate page if required)

Name:	Name:
Home Address:	Home Address:
Tel No:	Tel No:
Length of Time with Business:	Length of Time with Business:

Name:	Name:
Home Address:	Home Address:
Tel No:	Tel No:
Length of Time with Business:	Length of Time with Business:

Have you or any of the Companies Directors, principals or partners ever:

Been involved in liquidations, receiverships or bankruptcy?	YES / NO
Received an administration order or entered into any administration agreement?	YES / NO
Entered into any agreement with creditors that has been approved by court?	YES / NO
Been disqualified under company legislation?	YES / NO
Been found for negligence, fraud, misfeasance, or wrongful trading?	YES / NO

Has any Director/Partner/Executive/Employee ever been convicted of or charged with (but not yet tried for) a criminal offence (other than a motoring offence)? YES / NO

Additional Information:

Computer/Broker Software Systems used:

Are you a member of any Computer User/Marketing group? YES / NO
If YES, please provide details:

Details of System Capability? (i.e. Quotes only/Full cycle EDI/Full Office Administration)

If EDI facilities are required please provide your identification **SCID** and **Mailbox Codes** plus your **Branch Code** if you are an Open GI user:

Current Guaranteeing Broker (if any)? (Please Specify)

Distribution Details:

Please provide details (below) of the distribution channels you use/ will use for BondLovis Products.

- Will you provide any BondLovis products to other intermediaries? YES / NO
- Do you have any Sub-agents? YES / NO
- Will your sub-agents have the ability to access BondLovis products directly to place cover on behalf of the client? YES / NO
- Will you or any of your Sub-agents use BondLovis Products to transact business on behalf of Affinity groups? YES / NO
- Will you, any of your Sub-agents or affinity groups for who you or your Sub-agent act, use aggregators to quote for BondLovis products? YES / NO
- Are you a Sub-Agent for any other Agency? YES / NO

With which Insurers do you currently hold agency facilities? (Please continue on a separate page if required)

- Do you conduct any business by e- commerce? YES / NO
- Has any Syndicate/Insurance Company/Lloyds broker ever cancelled or refused your agency? YES / NO
- Has an insurer/carrier cancelled or terminated its relationship with you in the past 5 years? YES / NO

If you have answered 'YES' to any of the questions above, please complete Schedules 1 -3 as appropriate on pages 5 & 6.

Business Conducted:

Gross premium income:	Current Year (Forecast)	Last year
	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>

Percentages:	Retail Business:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	Commercial Business:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Premium Income by Product

Caravan	<input style="width: 90%;" type="text"/>	PI	<input style="width: 90%;" type="text"/>
Commercial Motor	<input style="width: 90%;" type="text"/>	Motor Cycle	<input style="width: 90%;" type="text"/>
Commercial Property	<input style="width: 90%;" type="text"/>	Motor Trades	<input style="width: 90%;" type="text"/>
Fleet	<input style="width: 90%;" type="text"/>	Private Car	<input style="width: 90%;" type="text"/>
High Net Worth	<input style="width: 90%;" type="text"/>	Public/Private Hire	<input style="width: 90%;" type="text"/>
Holiday Homes	<input style="width: 90%;" type="text"/>	Specialist Vehicles	<input style="width: 90%;" type="text"/>
Household	<input style="width: 90%;" type="text"/>	Travel	<input style="width: 90%;" type="text"/>
Liability	<input style="width: 90%;" type="text"/>	Let Property	<input style="width: 90%;" type="text"/>

Industry References:

Please provide 2 references from the insurance industry with which you have conducted business in the last 3 years
By providing these details you are agreeing to BondLovis contacting them to obtain references. If your agency is successful in its application, any appointment offered will be conditional on the receipt of satisfactory references.

Name:
Address:

Contact Name & Telephone Number:

Name:
Address:

Contact Name & Telephone Number:

Personal Data:

Application procedures
This may involve BondLovis making further enquires about the business and any individual within the business.
Such enquires may include:

- Experian Credit searches on both the business and if required the individual
- FCA Register checks
- References from the Business accountant (if appropriate)
- References from other financial services companies
- Searches of other records held at Companies House
- Other records as required for individual circumstances.

Please note by signing below you give BondLovis permission to request this further information.
This application is valid for 6 months only.

Data Protection statement
Under the General Data Protection Regulation we have to tell you who is responsible for deciding how your personal information will be used. The information you provide on this form including any sensitive personal information, for example criminal convictions, will be used by BondLovis to assess your suitability for the contract you have applied for. This may include undertaking credit checks and seeking references for the purposes of verification, identification and in accordance with BondLovis' regulatory requirements to ensure you are fit and proper to perform the activities permitted under the contract.

We may share your relevant personal information with other companies within our group and the agents associated with BondLovis to comply with our regulatory obligations and for ongoing administration, management information and marketing purposes. Details of these companies can be provided on request.

Non-Disclosure Agreement
We undertake not to use the information provided for any reason not detailed above. All information will be held in confidence and will not be made available to the market or placed in the public domain.

Please note: On receipt of a BondLovis contract, BondLovis and any companies we become associated with, may use your personal data to contact you by email, mail, telephone or other appropriate means about carefully selected products, services or offers we believe may be of interest to you. If you do not want to be contacted, please tick this box

Prior to returning this application, please ensure you have included all of the following:

- Your P.I. Insurance Schedule
- A copy of your most recent reports and accounts
- Full details of two industry references
- Any further details attached on a separate page

SIGNED:

PRINT NAME:

POSITION:

DATE:

Schedule 1: Sub-Agent Relationships – Please provide full details of your sub agents who have direct access to our products to place cover on behalf of the customer

Sub Agent Name	Trading Name	FCA Number	Address

Schedule 2: Affinity Group Relationships – Please provide full details of any Affinity Group that either you or your sub agents use to transact our products

Your Brokerage	Affinity Group Relationships	Sub Agent	Affinity Group Relationships

