# INTERMEDIARY APPLICATION FORM PRIVATE & CONFIDENTIAL

The personal and business information you give/have given us may be used in a number of ways, for example to assess your suitability to hold delegated authority and for fraud detection and prevention. We may share your information with, and obtain information about you from credit reference agencies, fraud prevention agencies, regulatory authorities and third-party agents who provide services on our behalf.

If the information you provide is sensitive personal data, you consent to our use of such information as set out above. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of that person(s) to disclose this information to us and for us to use it as set out above.

# SECTION 1 – COMPANY INFORMATION:

Please advise:

1. Your full legal name and any trading title you intend to use in connection with your HSB business:
2. Your address:

Postcode:

1. Your telephone no:

Fax no:

Website (if applicable):

Contact email:

1. Your Registered Office address (if different from above):

Post Code:

1. Your Company Registration No:

And place of Registration:

1. Your VAT Registration No:
2. The date your business was established:
3. This application requires you to be authorised by a regulatory body as an Intermediary for General Insurance Business. Please state:

FCA registration number (FRN):

&/or

Central Bank No\*:

\*Central Bank No relates to ROI Applications.

1. Will your business be conducted by any Appointed Representatives? Yes No

If “YES”, please provide details:

1. Who in your company is responsible for compliance and regulatory matters:

Name:

Job Title:

Email address:

Telephone:

1. Details of any other legal or trading name you may have been known by during the last 10 years? Please give names and addresses (including post codes):

Post Code:

1. What type of company you are (i.e. sole trader/ partnership) limited company/ subsidiary company):
2. Whether you are associated with any other insurance firm. Give name and addresses (including post codes):

Post Code:

1. Whether you are associated with, owned or controlled by any other company not connected with the insurance industry. Give names and addresses (including post codes):

Post Code:

1. The name and address of your Accountants:

Post Code:

1. Details of membership of any professional bodies:
2. Details of three market references (of other insures or Lloyds syndicates with whom you have a current, or recent trading relationship) – please include the name, full address and telephone number of a senior officer we could contact:

Company 1: Contact:

Company 2: Contact:

Company 3: Contact:

1. If you maintain a relationship with a Lloyds Guaranteeing or other London market broker. Please provide details:

# SECTION 2 – DIRECTOR AND KEY PERSON INFORMATION

1. Please list all Directors/ Principals, and include their role in your company (include previous name, e.g. maiden names where appropriate):

Director 1:

Name:

DOB:

Position:

Previous experience   
(If in position less than 5 years):

%of time spent on company business:

Director 2:

Name:

DOB:

Position:

Previous experience   
(If in position less than 5 years):

%of time spent on company business:

Director 3:

Name:

DOB:

Position:

Previous experience   
(If in position less than 5 years):

%of time spent on company business:

(Continue on Separate sheet)

1. Has any Director, Principal or key person included in this Application, or has any company in which they have held a management position been involved in liquidation, receivership, bankruptcy or similar procedure pending?

Yes No

If “YES”, please give details.

1. Has your company, any Director, Principal or key person included in this Application:
2. Been convicted of any criminal offence, other than non-custodial motor offences, or other offences which are considered “spent” under the Rehabilitation of Offenders legislation?

Yes No

1. Had the provision of a bond or fidelity guarantee in the past declined, terminated or restricted?

Yes No

1. Had an insurance agency or insurance agency application declined, terminated or restricted?

Yes No

1. Been refused membership of any insurance industry, trade association or regulatory body or had its or their membership withdrawn?

Yes No

1. Been criticised, fined, disciplined, suspended or expelled by any insurance industry, trade association or regulatory body?

Yes No

1. Had a license or authorisation to conduct insurance business suspended, withdrawn or not renewed?

Yes No

1. Been asked to resign (other than taking redundancy) or been dismissed from a previous office or employment?

Yes No

1. Where you have answered “YES”, please provide details:

# SECTION 3 – YOUR OWN INSURANCES:

1. Do you maintain Professional Indemnity (PI) or Errors & Omissions (E&O) cover which will provide protection in respect of your handling of HSB business?

Yes No

If “YES”, please provide the following details:

1. Insurer’s name and address:

Post Code:

1. Renewal date of insurance:
2. Limit of cover:
3. Deductible per claim:

If “NO”, please explain why:

1. Do you maintain Fidelity Guarantee (FG) cover, covering any acts of dishonesty of:
2. Your directors? Yes No
3. Your employees? Yes No

If “YES” please provide the following details:

1. Limit of cover:
2. Deductible per claim:

If “NO”, please explain why:

1. Have you made any claims under PI, E&O, or FG policies in the past 5 years?

Yes No

If “YES”, please provide details:

# SECTION 4 – YOUR SYSTEMS AND PROCEDURES:

1. Do your systems currently allow you to do the following?
2. Identify Consumers?
3. Identify Micro Enterprises?
4. Produce statistics required by your regulators?
5. Do you intend to market HSB’s products or enter into contracts of insurance on behalf of HSB over the internet or use any other form of distance marketing?

Yes No

If “YES”, please explain exactly how you will use the internet, and provide a copy of your website’s privacy policy and/or details of other distance marketing you use

# SECTION 5 – YOUR ACCOUNTS:

1. Please provide the following information for all bank accounts that will hold insurance money relative to your HSB business:
2. Bank name:
3. Bank address:

Post Code:

1. Account name and number:
2. Financial Contact Name:

Telephone No

Email address

1. Names of all people authorised to sign for payment from the account:

Name:

Company Position:

Name:

Company Position:

Name:

Company Position:

1. Confirmation that the insurance money will be kept separate from non-insurance money?

Yes No

1. Confirmation that the account will be a trust account (statutory or non-statutory) for the benefit of insurers – details:
2. Alternatively, confirmation that the account will be established in accordance with the FCA’S CASS rules on Client Money?

Yes No

1. Are you able to settle your accounts with HSB by BACS?

Yes No

If “NO” please advise your preferred payment method?

# SECTION 6 – PERMISSIONS

1. Do you intend to accept business from, or issue insurance documents to, insured’s in jurisdictions other than the UK? –

Yes No

If “YES”, please provide details of such jurisdictions and confirm that your company (and its staff) holds all necessary authorisations it needs for the jurisdictions concerned, to enter into contracts of insurance on behalf of HSB and to act as an insurance intermediary? If it does not, please explain why.

1. What arrangements do you have in place to ensure that you will meet the local requirements of any other jurisdictions (e.g. tax liabilities, licensing requirements, etc)? Please provide details for each jurisdiction.

# SECTION 7 – OTHER INFORMATION

1. Please confirm your business has the following policies/procedures in place:

Yes No

1. TCF

Yes No

1. AML including ABC, TF, Sanctions and Fraud

Yes No

1. Data Protection policy

Yes No

1. Please provide any other information which you feel is relevant and that we should consider in connection with your Application:

# SECTION 8 – SIGNATURE

1. This application must be signed by the Managing Director, Chief Executive or other similar senior officer of you Company:

I declare that the information given in this application form is true and complete.

**Company Name:**

**Name of person signing (in block capitals):**

**Signature:**

**Position:**

**Date:**

**Please e-mail your completed form to CSCadvantage@hsbeil.com**