



AGENCY APPLICATION FORM - PAGE 1/5

PRIVATE and CONFIDENTIAL

1. Full Name of Company/Firm (including trading title if applicable) applying for Agency.

2(a) Address from which the business is conducted.

Principal Tel. No.: _____

Principal Fax No.: _____

E-mail Address: _____

Web Site Address: _____

(b) Registered Office if different from (a) above.

(c) Address which we should utilise for accounting purposes.

3. Type of business (please indicate (✓) as appropriate):

Limited Liability Company

Partnership

Sole Proprietor

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Smith Greenfield Services Plc, The Lansdowne Building, 2 Lansdowne Road, Croydon, Surrey, CR9 2ER



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10. Has the Company/Firm or any of the persons listed in Question (8) ever had an agency or an agency application declined or terminated or granted on special terms?

Yes ?

No ?

If YES, please specify:

11. Have any of the persons listed in Question (8) been convicted of any criminal offence other than minor motoring offences?

Yes ?

No ?

If YES, please specify:

12. Have any of the persons listed in Question (9), or has any organisation in which they held a managerial position, been involved in liquidation, receivership, bankruptcy, an administration order or creditors agreement, or been subject to a County Court Judgement or Order? Please include details of any such matter currently pending:

Yes ?

No ?

If YES, please specify:

PROFESSIONAL INDEMNITY INSURANCE

13. Please provide the following information in respect of Professional indemnity Insurance which the Company/Firm has arranged and WHICH MUST INCLUDE ACTIVITIES TO WHICH THIS AGENCY AGREEMENT APPLICATION RELATES AND BE MAINTAINED IN FULL FORCE AND EFFECT.

Name of Insurer Policy Number(s) Expiry Date Limit(s) of Indemnity (indicate Any One Claim or Aggregate)

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FINANCIAL

- 14.(a) Please indicate financial year end: _____
- (b) Please give an indication of total commission income of the business for your last financial year. _____
- (c) Are you able to confirm that the Company/Firm maintains a separate designated "insurance broking (agency) account(s)" into which all monies paid to or received from all sources and which relate to insurance transactions of any kind in connection with the insurance broking (agency) business, including brokerage, are transacted.
- Yes ? No ?

15. Please provide name, address and telephone number of your:

Banker:

Account No.: _____ Sort Code: _____

Accountant:

Auditor:

GENERAL INFORMATION

16.(a) Please provide details of your Lloyd's broker(s), if any



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- (b) Please provide appropriate percentage breakdown of your insurance premium income together with a note of your major markets and indicating (*) where some form of delegated authority/facility arrangement exists.

CLASS	%	INSURER (* indicates delegated Authority)
(i) Professional Liability (PI, E&O, D&O)		
(ii) General Liability (EL, PL/Prods)		
(iii) Commercial Motor/Property		
(iv) Private Motor/Property		
(v) PA Travel/Medical Expenses		
TOTAL	100%	

DECLARATION

I/We hereby make application to become an Agent of Smith Greenfield Services Plc.

I/We have highlighted in question 16 the products that we wish to act as an Agent for.

I/We will update Smith Greenfield Services Plc of any changes in our business and the persons involved in selling and advising of general insurance that is relevant to this agreement.

I/We hereby agree that Smith Greenfield Services Plc may make any necessary enquiries to process this application in particular but not exclusively references from your bank and auditors.

I/We confirm that the information declared is true and that any other relevant information has not been withheld.

I/We attach a copy of our latest audited accounts to assist the application process.

Name: _____ Position: _____

Signature: _____ Date: _____