



ASSURANT®

Agency Application Form

<p>Thank you for your interest in opening an Agency with Assurant Intermediary Limited.</p> <p>Please ensure this application form is FULLY completed and signed by Director of the broker firm and returned to advisers@assurant.com</p>
<p>We will also need you to supply copies of the following supporting documentation:</p> <ul style="list-style-type: none">• PI certificate of insurance• Confirmation of Bank account details where commission is to be paid on company headed paper signed by head of Finance or Principal
<p><u>The form MUST be signed by a director of the company.</u></p> <p>The individual as well as company details will be considered in processing the application.</p> <p><u>Your Agency is not in force until you receive acceptance.</u></p>

1. General Information and background

Full Name of Individual/Company:	
Trading title:	
Full (trading) address Town: County: Postcode:	
Telephone Number(s):	
General Email address:	
Registered address Town: County: Postcode:	

2. Company Information

About Your Business (Type of Company)

(Tick as appropriate)

Sole Trader
Partnership
Limited Co
LLP
Other

Number of Advisers

Adviser Log-In Request

(Logins are only be needed for staff that sell General Insurance, refer leads, or view commission statements - if you do require further assistance on what type of access staff will need, please speak to our Account Managers who will assist you completing this section.)

Full Name	Job Title	Email Address	Contact Number

Senior Personnel/Directors & Partner Information

Full Name(s)

(Names and positions/titles of all senior personnel/partners/directors must be shown)

Full Name	Job Title

Are you part of a Mortgage Club?

(Where you are part of more than one, please note the one you wish this application to be attached to)

Yes No

Mortgage Club

Has the applicant/business previously traded under a different name?
(If yes please details name(s) below)

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Number of FCA reportable complaints received in the previous 12 months
(If zero, please enter as such)

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3. Regulator Details

Firm Reference Number:	
Name shown on Register:	
Trading name the agency to be set under:	
Date of FCA Authorisation:	
Does the firm have Credit Broking Permissions? (Yes/No)	

4. Bank Details

(Please provide a copy of your bank details on letterhead signed by Head of Finance or Principal)

Account Name:			
Bank name and Branch Address:			
Account Number		Sort Code	

5. Professional Indemnity

(Please provide a copy of your policy schedule / certificate)

Insurer:	
Policy Number:	
Limit of Indemnity:	

Commission/Finance Department Contact Details (only if applicable)

Commission/Finance Contact Name

Commission/Finance Email

6. Legal Information

Do any of the following apply to any the firm, Directors, Partners or Senior Staff

		YES	NO
Ever been convicted of a criminal act (other than a driving offence) not treated as spent convictions under the Rehabilitation of Offenders Act 1974?			
If 'yes' please give details:			
Ever been declared bankrupt, received any Court Court Judgements (CCJ) or in the case of a Limited Liability Company ever gone into receivership or been subject to an administration order?			
If 'yes' please give details:			
Ever been fined, publicly censured, disciplined, suspended, or expelled by the FCA, ICO, another regulator, a clearing house, an exchange, a professional body or a government body or agency or any other organisation, body or association.			
If 'yes' please give details:			
Has any Insurer or GI product provider refused an Agency or Terms of Business Agreement, either by declining the application at the outset or terminating an existing arrangement?			
If 'yes' please give details:			

7. Declaration

All declarations are mandatory for application to be processed

NB: If a partnership, all partners are required to sign the Application Form.
(Please continue below as required)

- I / We apply for an agency with Assurant Intermediary Ltd and confirm that to the best of my / our knowledge and belief, the information given in this application is true and accurate.
- I / We agree that this application shall be the basis of any agency appointment.
- I / We understand that if it is found that any information provided is untrue, the appointment may be terminated.
- I / We agree to notify Assurant Intermediary of any changes in information / circumstances within the organisation.
- I / We will ensure that all employees are provided with full training on relevant regulatory obligations, including full product knowledge.
- I / We understand that in considering my / our application Assurant Intermediary Ltd may undertake searches on the credit reference agencies on any or all individuals listed in our application. A record of these searches may be recorded on the relevant credit file.
- I / We understand that Assurant may need to share client information we are given with third parties to provide them with quotes or to verify their identify as part of ongoing validation checks.
- I / We have a privacy notice in place which is provided to all its clients, allowing the firm to share data with Third Parties (including Assurant). But also allowing Assurant to share further to provide a quote if a referral is required.
- I / We understand policy premiums **cannot** be collected directly from the customer and that all payments for policy premiums, monthly or annually, must be made to Assurant directly from the policy holder's account.
- I / We commit to informing Assurant immediately in the event that any of the principals are convicted of a criminal act (previously defined) during the lifetime of the agency.

Any additional information

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Signed:		Name:	
Position in Business:		Date:	
Signed:		Name:	
Position in Business:		Date:	