

MGB INSURANCE BROKERS LTD

ACCOUNT APPLICATION FORM

1. Full Name of Company/Firm (including trading title, if applicable).

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2. Address from which business is conducted.

Post Code: Telephone no:	Email address: Fax no:
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3. Registered office (if different from above).

Post Code:

4. Address to be used for accounting purposes.

Post Code:

5. Type of business (please tick as appropriate).

- | | |
|-------------------------------------|--------------------------|
| Limited Liability Company | <input type="checkbox"/> |
| Limited Liability Partnership (LLP) | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> |
| Sole Proprietor | <input type="checkbox"/> |

6. If Limited Liability Company or LLP please supply Registered Number _____

7. If the business is a Partnership, is there a formal partnership registered as a limited partnership?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

8. If other than a standard partnership, please state the extent of each partner's financial commitment and responsibility.

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9. If you are not a Limited Liability Company or an LLP please provide your latest financial information.

10. Date of Establishment or Incorporation of the Company or Firm

11. Total number of staff employed.

12. Please advise your FCA registration number. If you are regulated by any other authorities please provide details. If the Company or Firm is exempt by virtue of being an Appointed Representative then please give details of Principal(s).

13. Has the Company/Firm or any Directors/Principal/Partner or Manager ever been the subject of any disciplinary or regulatory investigation(s) or action(s) by or on behalf of any of the above authorities or had its/their membership/registration revoked, or is any such matter pending?

Yes

No

If Yes, please provide details: -

14. Please provide the following information in respect of all Directors, Partners, Principals and Managers.

Full Name	Position	Professional Qualifications	How long position held

15. Do any of the persons listed in 14 above have any unspent convictions for criminal offence other than minor motoring offences?

Yes

No

If Yes, please provide details: -

15. Have any of the persons listed in 14 above, 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 Judgment or is any such matter pending?

Yes No

If Yes, please provide details: -

16a. Please complete the table below in respect of Professional Indemnity Insurance, which the Company/Firm has arranged, and WHICH MUST INCLUDE ACTIVITIES TO WHICH THIS AGENCY 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)

16b. Please tick the box if you would like us to provide you with a no obligation alternative quotation when your policy falls due for renewal.

17. Please indicate financial year-end.

18. Please give an indication of total commission income of the business for your last financial year.

19. Please provide a breakdown of your general insurance premium income together with a note of your major markets:

Class of Business	Premium Income	Current Main Markets
Professional Indemnity		
General Liability (PL/EL/Product Liability)		
Property		
Small Commercial		
Other		

20. What level of premium support for which lines of business do you expect to be able to provide to MGB?

21. Please provide the name, address and telephone number of your auditors.

22. Please provide the name, address and telephone number of your bank.

23. Do you have procedures in place to comply with the FCA's TCF requirements? Yes No

24. Do you have a Disaster Recovery plan? Yes No

25. Do you have a Business Continuity plan? Yes No

26. Do you have a Data Protection and IT Security Policy? Yes No

27. Do you carry out Financial Sanctions checks on all your Customers/Clients? Yes No

28. Do you have in place anti-corruption/bribery policies and procedures, including but not limited to adequate procedures under the Bribery Act 2010? Yes No

29. Please provide any further information that might be useful to the trading relationship going forward.

I / WE HEREBY APPLY FOR AGENCY FACILITIES WITH MGB IINSURANCE BROKERS LTD AND

- A. CONFIRM THE INFORMATION SUPPLIED IS TRUE AND CORRECT.
- B. AGREE TO ACCEPT AND ABIDE BY THE TERMS OF BUSINESS AGREEMENT (a specimen of which we have seen).
- C. AGREE TO ADVISE IN WRITING OF ANY MATERIAL CHANGE TO THE INFORMATION SUPPLIED.
- D. CONFIRM THAT WHERE INFORMATION HAS BEEN PROVIDED IN RESPECT OF INDIVIDUALS THEY HAVE GIVEN THEIR CONSENT TO THE DISCLOSURE

DATE

AUTHORISED
SIGNATORY

TITLE

Please return to: Your business contact at MGB