



*Private & Confidential*

**AGENCY APPLICATION for VANTAGE INSURANCE SERVICES LIMITED (VISL) AND SUBSIDIARY BRANDS**

Please completed in BLOCK CAPITAL LETTERS and if necessary attach additional sheets

**SECTION 1 – CONTACT DETAILS**

- 1.1 This applicant is to become An agent of VANTAGE INSURANCE SERVICES LIMITED (VISL)
- 1.2 Full legal name of applicant \_\_\_\_\_
- 1.3 Trading name  
If applicable \_\_\_\_\_
- 1.4 Business address \_\_\_\_\_
- 1.5 Contact name \_\_\_\_\_
- 1.6 Position \_\_\_\_\_
- 1.7 Department \_\_\_\_\_
- 1.8 Phone number \_\_\_\_\_
- 1.9 Fax number \_\_\_\_\_
- 1.10 Email address \_\_\_\_\_
- 1.11 Website address \_\_\_\_\_

**SECTION 2 – BUSINESS DETAILS**

- 2.1 Principle activities of business \_\_\_\_\_
- 2.2 Trading status  
Please circle applicable status Sole Trader / Partnership / Limited Liability Partnership / Limited Company / Public Limited Company
- 2.3 Company registration number \_\_\_\_\_
- 2.4 Place of incorporation \_\_\_\_\_
- 2.5 Date trading commenced  
Or date of incorporation \_\_\_\_\_
- 2.6 Parent company \_\_\_\_\_
- 2.7 Registered address  
If different from section 1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
- 2.8 Legal & beneficial ownership  
Please give full details  
\_\_\_\_\_

- 2.9 Subsidiary companies \_\_\_\_\_  
 \_\_\_\_\_
- 2.10 Associated companies \_\_\_\_\_  
 \_\_\_\_\_
- 2.11 Are you registered with the FSA?  
 Please circle applicable Yes / No
- 2.12 If yes, please supply registration  
 number \_\_\_\_\_
- 2.13 If No, have you applied to be  
 registered with the FSA? Yes / No
- 2.14 Are you registered under the Data  
 Protection Act 1988 Yes / No
- 2.15 If yes, please provide registration  
 number \_\_\_\_\_

### SECTION 3 – BANK DETAILS

- 3.1 **Client Money Account**
- a) Bank name \_\_\_\_\_
- b) Name of account \_\_\_\_\_
- c) Account number \_\_\_\_\_
- d) Sort code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- e) Contact name \_\_\_\_\_
- f) Contact phone number \_\_\_\_\_
- 3.2 **Business Account**
- a) Bank name \_\_\_\_\_
- b) Name of account \_\_\_\_\_
- c) Account number \_\_\_\_\_
- d) Sort code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- e) Contact name \_\_\_\_\_
- f) Contact phone number \_\_\_\_\_

### SECTION 4 – ACCOUNTANT/AUDITOR DETAILS

Please provide details of your accountant or auditor  
**Please attach a copy of your latest audited accounts**

- 4.1 Company name \_\_\_\_\_
- 4.2 Address \_\_\_\_\_

		Postcode	_____
4.3	Contact name		_____
4.4	Phone number		_____
4.5	Fax number		_____
4.6	Email address		_____
4.7	Date of financial year end		_____

## SECTION 5 – PROFESSIONAL INDEMNITY DETAILS

Please provide details of your professional indemnity insurance

**Please attach a copy of your certificate with your application**

5.1	Name of insurer	_____
5.2	Policy number	_____
5.3	Renewal date	_____
5.4	Limit of indemnity	_____

## SECTION 6 – PRINCIPALS DETAILS

List all principals, partners and directors

Please attach curriculum vitae of the principals, partners and directors

6.1	Name	Date of Birth
	_____	/ /
	_____	/ /
	_____	/ /
	_____	/ /
	_____	/ /

List all senior management and details of their professional qualification and insurance experience  
Please use a separate sheet if necessary

6.2	Name	Qualification and Insurance experience
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

6.3 Total number employees \_\_\_\_\_

6.4 Has any director, legal or beneficial owner or partner of the applicant personally or by association:

a) Been adjudged bankrupt, subject to a receiving order, entered into an agreement or composition with creditors, involved with any business which has gone into liquidation, subject to any action under the Insolvency Act 1986 or company Directors Disqualification Act 1986, or is any such matter pending?

Yes / No

b) Been subject to a county court judgement or order, or is any summons outstanding?

Yes / No

c) Had any agency or similar agreement with any insurer refused or cancelled?

Yes / No

d) Been subject to disciplinary proceedings instituted by any professional body?

Yes / No

e) Been convicted of any criminal offence (other than a minor motoring offence) not regarded as spent under the Rehabilitation of Offenders Act 1974?

Yes / No

f) Previously applied for or held an agency with IGI Insurance Company Limited?

Yes / No

If you have answered yes to any of the questions in section 6 please provide details on a separate sheet referring to the section number/letter.

## SECTION 7 – SUB-AGENCY DETAILS

7.1 Do you place business on behalf of other intermediaries?

Yes / No

If yes, please provide full list separately

## SECTION 8 – REFERENCE DETAILS

Please provide details of three (3) insurance companies with whom you hold your largest accounts and to whom we may apply for reference

8.1.1 a) Company name \_\_\_\_\_

b) Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

c) Agency number \_\_\_\_\_

d) How long agency held? \_\_\_\_\_ Years \_\_\_\_\_ Months

e) Contact name \_\_\_\_\_

8.1.2

f) Telephone number \_\_\_\_\_

a) Company name \_\_\_\_\_

b) Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

c) Agency number \_\_\_\_\_

d) How long agency held? \_\_\_\_\_ Years \_\_\_\_\_ Months

e) Contact name \_\_\_\_\_

f) Telephone number \_\_\_\_\_

8.1.3

a) Company name \_\_\_\_\_

b) Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post code \_\_\_\_\_

c) Agency number \_\_\_\_\_

d) How long agency held? \_\_\_\_\_ Years \_\_\_\_\_ Months

e) Contact name \_\_\_\_\_

f) Telephone number \_\_\_\_\_

## SECTION 9 – DECLARATION

\* Delete as appropriate

I/we\* hereby apply to Vantage Insurance Services Limited for an agency for the purpose of transacting insurance business.

I/we\* declare that the information given in this application is true and complete and 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 at the sole discretion of the company.

I/we\* also undertake to advise Vantage Insurance Services Limited promptly and in writing of: -

- Any change of address
- Any changes of directors, controllers, principals or partners
- Any sanctions imposed by the FSA
- Any changes of capital structure or partnership agreement
- In the event of the agent becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed
- Any partner, director or controller of, or employed, by the agent is or becomes subject to disciplinary proceedings instituted by any professional similar body
- Any convictions for criminal offences (other than motoring offences) of any director, controller, principal or partner occurring after the date of this application
- If any agency appointment with another insurer is terminated

I/we\* undertake to maintain in force professional indemnity insurance in accordance with the current regulatory requirements and to inform the company if this requirement is no longer complied with.

I/we\* give consent for Vantage Insurance Services Limited to apply to our bankers for a credit status enquiry relating to both our current & client accounts.

I/we\* declare that the information given on this application is correct at the date given below

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_