



P A L L A D I U M

A g e n c y A p p l i c a t i o n

P R O V I D I N G P E A C E O F M I N D

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www.palladiumunderwriting.co.uk sales@palladiumunderwriting.co.uk

Authorised and regulated by the Financial Conduct Authority, Financial Services Register number 310955

The Applicant

Please complete this application in BLOCK CAPITALS.
If necessary, please continue on a separate sheet

Trading name (if not a limited company, please state whether a partnership, sole trader or other)

.....

Name and title of person to be responsible for agency with brief details of professional qualifications and experience

.....

Correspondence address

.....

.....

..... Postcode

Contact numbers Office Direct, if applicable

Fax E-mail address

Please describe these premises e.g. first floor office, ground floor shop, private house

.....

Name and title of person responsible for accounts with brief details of professional qualifications and experience

.....

Accounts address (if different from above)

.....

.....

..... Postcode

Contact numbers Office Direct, if applicable

Fax E-mail address

Name and title of person responsible for claims with brief details of professional qualifications and experience

.....

Claims address (if different from above)

.....

.....

..... Postcode

Contact numbers Office Direct, if applicable

Fax E-mail address

The Business

When was it established? Number of employees

Number of branches If more than one, please provide details below using additional sheets if necessary

Addresses of all branch offices	Postcode	Description of the premises
1
2
3
4
5

Is a separate bank account maintained for client and insurance companies' monies? YES NO

Is the business Authorised and Regulated by the Financial Conduct Authority? YES NO

If yes please provide the Financial Services Register number

Is the business a member of any of the following? IIB YES NO

BIBA YES NO

PIA YES NO

Lloyd's YES NO

Have any applications to any of the above organisations ever been refused/declined/cancelled or withdrawn?

If YES, please give full details

Do you have professional indemnity insurance?

If YES, please give

Limit of indemnity £ Excess £ Expiry date

Name of Insurer..... Policy number.....

PLEASE ATTACH A COPY OF YOUR CERTIFICATE

Associated Businesses

Is your business associated with or controlled by

• any other insurance industry business? YES NO

• any business not connected with the insurance YES NO

Have you ever traded under a different name? YES NO

If YES, please give full details

.....

.....

Directors/Principals

Name	Age	No. of years experience	Where experience obtained	Qualifications, memberships registrations and affiliations, if any
.....
.....
.....
.....

Has the business or any of the persons named above

- had an insurance agency or membership of a trade association or statutory body refused, suspended, cancelled or withdrawn? YES NO
- had a county court judgement against them, received a police caution, been convicted of or charged with but not yet tried for any offence other than driving? YES NO
- or any business in which they have been involved become bankrupt, insolvent, appointed receivers, called a meeting of creditors or entered into compulsory or voluntary liquidation? YES NO

If you have answered YES to any of these questions, please give full details.

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Financial Information

Please give the name and address of your

Accountants
 Postcode

Auditors
 Postcode

Bank
 Postcode

What is your estimated premium income for the current financial year?

Household £ Private motor £
 Other £ Commercial including fleet £ Total £

How many agencies do you operate?

.....

Please list the major agencies, indicating whether you have 'Preferred' status with any of them.

.....

Do you operate any niche schemes? YES NO

If Yes, please give details

.....

Declaration

I/We declare that all the information given in this application form is, to the best of my/our knowledge, true and complete.

I/We agree that the completed form and any additional information I/we provide will be the basis of the agreement between me/us, and Palladium Underwriting Limited should it be granted.

Signature(s)	Full name	Position held	Date
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