

Agency Application Form

1. Company Information

a)	Full name of firm including any trading names(s):

b)	Registered office address:	c)	Address from where the business is conducted (if different to registered office address):

d)	Date firm was established:	e)	Company registration number (if applicable):

f)	Contact name for this application:	g)	Telephone number:	h)	Email address:

i)	How many staff do you employ?				
	Directors/Partners		Managers		Account Handlers
	Administrators		Claims Handlers		Other

j)	Do you have any Sub-Agents and/or Appointed Representatives? <i>If 'Yes', please list the names and addresses below:</i>	Yes	No

k)	Has your firm ever had an agency revoked (other than as a result of lack of business) or an agency application declined or accepted on special terms? <i>If 'Yes' please provide full details below:</i>	Yes	No

l)	Have any of your directors, principals or partners ever been convicted of any criminal offence, other than a minor motoring offence, or are any such matters pending? <i>If 'Yes' please provide full details below:</i>	Yes	No

m)	Have any of your directors, principals or partners, or any organisation in which they have held a managerial position, ever entered into liquidation, receivership, administration, bankruptcy, an arrangement with creditors, or are any such matters pending? <i>If 'Yes' please provide full details below:</i>	Yes	No

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N)	Has your firm been involved in any legal disputes with any insurers or clients during the last three years? <i>If 'Yes' please provide full details below:</i>	Yes	No

2. Regulatory Information

a)	FCA registration number:	b)	Name of Compliance Officer or main compliance contact:

c)	Will you hold insurance premiums in connection with this agency in a client money bank account under FCA client money rules?	Yes	No
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d)	If the answer to question 2 c) above is 'No', will you hold insurance premiums in connection with this agency in a separately designated insurer trust bank account? <i>If 'Yes' please provide more information on this bank account below:</i>	Yes	No

e)	Does your firm hold Professional Indemnity Insurance which meets or exceeds the minimum requirements of the FCA? <i>If 'No' please explain why no such cover is in force:</i>	Yes	No

f)	Has your firm or any of your directors, principals or partners ever been the subject of any regulatory or disciplinary investigations, hearings or actions by the FCA or another regulatory body, or have you or your directors, principals or partners had your/their membership/registration revoked by the FCA or another regulatory body or are any such matters currently pending? <i>If 'Yes' please provide full details below:</i>	Yes	No

3. Account Information

a)	Please provide the following information concerning your product portfolio:					
	Commercial Insurance		Private Client Insurance		Other Insurance Classes	
	Non-Motor	Motor	Non-Motor	Motor	Non-Motor	Motor
Gross Written Premium	£	£	£	£	£	£
Number of Clients						
Commission/Fee Income	£	£	£	£	£	£
Average Premium	£	£	£	£	£	£

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b)	Do you arrange any group or affinity schemes and/or do you specialise in any trade, industry or sector? <i>If 'Yes' please provide full details below:</i>	Yes	No

c)	Do you currently operate any Legal Expenses Insurance facilities? <i>If 'Yes' please provide full details below:</i>				Yes	No
	Product	Name of Legal Expenses Provider	Renewal Date	Number of Clients Insured	Gross Written Premium	Brokerage
				£	%	
				£	%	
				£	%	
				£	%	
				£	%	
				£	%	

d)	Are you intending to transfer your entire book of Legal Expenses Insurance business to Temple or are you looking for an additional provider to run alongside your existing arrangement(s)?

4. Declaration

I/We hereby apply to Temple Legal Protection Limited for an agency for the purpose of handling general insurance business.

I/We declare that the information contained in this application is true and correct and where information has been provided in respect of any director, principal or partner, the individual concerned has provided consent for the information to be disclosed.

I/We agree that this application shall form part of an agency appointment and Temple Legal Protection Limited's Terms of Business Agreement.

Signature:	Name:
Position in Company:	Date:

Please return your completed application:

By email: bristol@temple-legal.co.uk

or by post to our Bristol office:

Temple Legal Protection Limited, 1 Temple Quay, Temple Back East, Bristol BS1 6DZ
Tel. 0117 959 5495