



Broker Agency Application Form

Broker Agency Application Form

SECTION 1 – Agency details

Broker:	
Any Previous Trading Titles:	
Head Office Address:	
Date Established:	
Company Registration No:	
Tel No:	
Fax No:	
E-Mail Format:	
Website Address:	
FCA Registration No:	
Ownership (Name all Directors)*:	
Name all shareholders & their respective shareholdings*:	

*Please note that if owned by a holding company we will require the full name, company registration number, directors' names, shareholders' names & respective shareholding information.

Has your company or any company of which any of your partners/directors has been a director or partner, or any individual director partner, partner or proprietor ever:

(a) been declared bankrupt	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) been declared insolvent	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) compounded with creditors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) been subject to a civil court judgement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e) been convicted of any criminal offence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(f) been subject to disciplinary proceedings by any public body	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer to any of the above is yes please give details:

Main Contacts: (Relationship Management)	
Details of P.I. cover:	
Limit of cover:	
Insurer:	
Renewal Date:	
No. of Staff:	
Turnover (GWP):	
Fleets Haulage / Light Haulage:	
Fleets other:	
Other Classes:	
Bank details:	

Company/ Business Name or Stamp:
Print name of Authorised Signatory:
Position (must be a Director/ Officer/ Principal or Partner):
Signature:
Date:

Notes



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