



Agency Application

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Agency Details

Broker/Company Name:			
Any Previous Trading Titles:			
Head Office Address:			
Registered Office Address (if different from Head Office address):			
E-Mail Format:			
Telephone Number:			
Website Address:			
Date Established:			
FCA Registration No:			
Company Registration No:			
Directors (List all directors of the Company):			
Is the Company part of a Group?*	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If Yes, please provide a copy of the Group structure*			
Name all shareholders & their respective shareholdings (in % terms)*:			

*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.

Contact Details

Please provide name, email address and telephone number

Main Contact: (Relationship Management)	
Finance Contact:	
Compliance Contact:	

Due Diligence

Has your company, or any of its current directors, partners, proprietors, principal officers, Senior Management or key personnel:

ever been charged with or convicted of a criminal offence, other than a minor motoring offence in the last five years? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been party to any legal action, or if any legal proceedings have been commenced, to which your company is a party or are any such actions pending which your company has been named as defendants in the last 24 months? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been subject to investigation, penalty or censure by any regulatory, industry or trade body, or asked to voluntarily cease trading? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever had a licence or authorisation to conduct insurance business refused, suspended, withdrawn or not renewed? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been subject to any application for liquidations, receiverships, bankruptcy or similar proceedings or been subject to an administrative order? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever entered into or proposed to enter into an agreement or assignment with creditors or otherwise acknowledge insolvency? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
previously held a directorship or a senior role in a company that has gone into liquidation? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been disqualified under company law? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been asked to resign (other than taking redundancy) or been dismissed from any previous office or employment? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever had a binding authority or agency agreement terminated or not renewed? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever committed any breach or is under investigation in relation to any matter relating to data security and protection? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ever been instructed to withdraw a product from market distribution, or been asked to participate in a regulatory review (individual, thematic or market wide) in the last 24 months? If yes, please provide further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to any of the above is yes please give details:		

PI insurance cover

Is your PI insurance compliant with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made any PI claims in the last five years. If yes, please give details below including year, amount, reason for claim:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Regarding your company insurances, is your Company involved in any relevant litigation? Are there any pending, current or closed claims made on your Professional Indemnity policy? If yes, please give details (including year, amount, reason):	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please add additional details here:	
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Limit of Indemnity:	
Insurer:	
Renewal Date:	
No. of Staff:	

Other relevant Company information

Turnover (GWP):		
Fleets Haulage / Light Haulage:		
Fleets other:		
Other Classes:		
Bank details:		
Has the Company received any complaints that indicate trends that may suggest weaknesses within the Company's governance structure, processes and/or procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Company received any complaints that indicate that the Company's client(s) may experience outcomes that are either unfair or fall short of the Company's own expectations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Company have documented processes for identifying and recording Vulnerable Customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FCA Permissions

a) Does the Company have FCA permissions to 'assist in the administration and performance of a contract of insurance'?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Does the Company have FCA Credit Broking permissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Does the Company have FCA permissions to hold and control Client Money?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) If the Company does not have FCA permissions to hold and Control Client, does the Company use the services of a designated Client Money service provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) If you have answered 'Yes' to question d) please provide the name of your designated Client Money service provider as well as contact details (including telephone number and email address)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) If you have answered 'No' to both questions c) and d) above, please check this box to confirm that (unless DCL are permitting risk transfer) you understand that premium remittances must be made directly to DCL by either the policyholder themselves or an approved finance provider	<input type="checkbox"/>	

Declaration

By signing this Application Form, I warrant that I have truthfully and fully answered – to the best of my current knowledge and understanding – the relevant questions and disclosed any other information which might reasonably be considered relevant to this Application.

Company / Business Name or Stamp:

Print name of Authorised Signatory:

Position:
(must be a Director/ Officer / Principal or Partner)

Signature:

Date:

Notes:



Contact us on:
01245 459 700

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