

# Bennett Gould & Partners Ltd Introducer Agency Application Form



Rennie House, 57-60 Aldgate High Street, London, EC3N 1AL

*Your answers will be treated as strictly private and confidential. Please complete, sign and date this form and return to the Compliance Officer at the above address.*

## Section 1

## Company Details

(a)	Name (including subsidiaries or trading names, if applicable):				
(b)	Postal address:				
		Post Code:			
(c)	Telephone Number:		Fax Number:		
	Email Address:				
	Website Address:				
(d)	When was the Business established?		Number of Staff:		
(e)	What is the trading status of the Business?				
		Sole Trader		Partnership	
		PLC		Part of A Group	
		Limited Company			
(f)	Company Registration Number (if applicable):				
(g)	Please provide details of all Directors, Partners or Executives and any key Personnel including yourself if a sole trader:	Name:		DOB:	
		Qualifications:		Date Qualified:	
		Position:			
		Name:		DOB:	
		Qualifications:		Date Qualified:	
		Position:			
		Name:		DOB:	
		Qualifications:		Date Qualified:	
		Position:			
		<i>Please continue on Section 6 for any additional Directors/Partners</i>			

Section 1 (continued)

Company Details

(j)	Does the Company transact Insurance Business Only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No', please state which: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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(k)	Which classes of business within the Insurance industry do you specialise in and /or will be concentrating on?			
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(l)	What is the Capital of the Company (if a Limited Company or PLC)?	Authorised £ <input style="width: 90%;" type="text"/>	Paid Up £ <input style="width: 90%;" type="text"/>
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(l)	Who owns the share capital?	Shareholders Name	Percentage
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Section 2

FCA & Any Other Regulatory Body Details

(a)	Are you or have you ever been authorised to trade by the FCA in any capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please state firm reference number: <input style="width: 100%; height: 20px;" type="text"/> And/or individual reference number: <input style="width: 100%; height: 20px;" type="text"/>
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(b)	Do you act for any other principal or are you an Appointed Representative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', what was the Company name? <input style="width: 100%; height: 20px;" type="text"/> And please state firm reference number: <input style="width: 100%; height: 20px;" type="text"/>
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(c)	Have you ever had an appointment as an Introducer or Appointed Representative terminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please state which: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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## Section 2 (Continued)

## FCA &amp; Any Other Regulatory Body Details

(d)	Are you a Travel Agent?	Yes	No	If 'Yes', please state you ABTA number:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(e)	Are you a Member of any Professional Trade Organisations/Bodies such as BIIBA?	Yes	No	If 'Yes', please state which:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(f)	Have you ever been investigated, publicly censored, disciplined, suspended or expelled by the FCA, another regulator, a professional body, a trade body or a government body or agency?	Yes	No	If 'Yes', please state which:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(g)	Are you currently the subject of any disciplinary proceedings by the FCA, another regulator, a professional body, a trade body or a government body or agency?	Yes	No	If 'Yes', please state which:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(h)	Has any application for membership of any of these Professional Trade Organisations/Bodies been refused, cancelled, declined or withdrawn?	Yes	No	If 'Yes', please state which one and the reason:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
(i)	Are you exempt from authorisation and regulation by the Financial Conduct Authority?	Yes	No	If 'Yes', please state which one and the reason:
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Section 3

## Professional Indemnity Insurance

(a)	Do you have your own Professional Indemnity Insurance in place?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	If 'No', please proceed to question (g) below.
(b)	Name & Address of Insurer or Lloyd's Syndicate:	<input type="text"/>		
(c)	Policy Number:	<input type="text"/>		Please provide a copy of your latest PI Certificate, if applicable.

Section 3 (continued)

Professional Indemnity Insurance

(d) **Period of Insurance:**

From:  To:

(e) **Limit of Indemnity:**

<input type="text"/>	<b>Any one Claim</b>	<input type="text"/>
<input type="text"/>	<b>In the Aggregate</b>	<input type="text"/>

(f) **Amount of Deductible, Excess or any self-insured amount:**

£

(g) **Do you maintain Fidelity Insurance for all Officers and Employers?**

	Yes	No	<i>If 'Yes', please provide brief details:</i>
	<input type="text"/>	<input type="text"/>	

(h) **Has any Claim ever been made under your E&O/Fidelity/D&O policy(ies) in the past five years?**

	Yes	No	<i>If 'Yes', please provide brief details:</i>
	<input type="text"/>	<input type="text"/>	

(i) **Has it been necessary for you to advise your PI Insurers of any circumstances which you believed might give rise to a Claim under the policy, even if this subsequently did not happen?**

	Yes	No	
	<input type="text"/>	<input type="text"/>	

Section 4

References & Financials

(a) **Please provide the Names and Addresses of 2 Insurance industry organisations whom we may approach for a reference, if necessary.**

	REF 1	
	REF 2	

(b) **Have you any existing facilities with Lloyds Syndicates either direct or through Lloyds Brokers?**

	Yes	No	<i>If 'Yes', please provide brief details:</i>
	<input type="text"/>	<input type="text"/>	

Section 4 (continued)

References & Financials

<p>(c) Has any insurer, syndicate or broker (Lloyds or otherwise) refused or withdrawn your agency?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p><i>If 'Yes', please provide brief details:</i></p> <div style="border: 1px solid black; height: 60px;"></div>
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<p>(d) Please provide the Name and Address of your Bankers to whom we may apply for a financial reference, if necessary.</p>	
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<p>(e) For the purpose of payment by BACS, please provide us with the appropriate bank details:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Account Number</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> <tr> <td>Account Name</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Bank Branch</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Sort Code</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> </td> </tr> </table>	Account Number	<input style="width: 100%; height: 20px;" type="text"/>	Account Name		Bank Branch		Sort Code	<input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/> / <input style="width: 15%; height: 20px;" type="text"/>
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Bank Branch									
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<p>(f) What is your estimated income for the current accounting reporting period?</p>	<p>From: <input style="width: 100%;" type="text"/></p>	<p>To: <input style="width: 100%;" type="text"/></p>												
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Commercial</th> <th style="width: 25%; text-align: center;">Personal Lines</th> </tr> </thead> <tbody> <tr> <td>Insurance Income:</td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Other Income:</td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> </tr> <tr> <td>Total Income:</td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> <td style="border: 1px solid black; text-align: center;">£ <input style="width: 80%;" type="text"/></td> </tr> </tbody> </table>		Commercial	Personal Lines	Insurance Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	Other Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	Total Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>	
	Commercial	Personal Lines												
Insurance Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>												
Other Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>												
Total Income:	£ <input style="width: 80%;" type="text"/>	£ <input style="width: 80%;" type="text"/>												
<p><i>Please provide a copy of your latest audited accounts, including director reports and financial statements.</i></p>														

Section 5

Fitness & Propriety

<p>(a) Has any Director, Partner, Executive or Senior employee been convicted of any dishonest or fraudulent act, or implicated in such an act by a legally constituted court by Court of Justice?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p><i>If 'Yes', please provide details:</i></p> <div style="border: 1px solid black; height: 60px;"></div>
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<p>(b) Are any Has any Director, Partner, Executive or Senior employee subject to any current criminal proceeding?</p>	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p><i>If 'Yes', please provide details:</i></p> <div style="border: 1px solid black; height: 60px;"></div>
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(c)	Has any Director, Partner, Executive or Senior employee ever been given a caution in relation to any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
(d)	Has any Director, Partner, Executive or Senior employee ever had a County Court Judgement ("CCJ") or other judgement debt, whether satisfied or not and whether discharged or not, or aware of any proceeding that have begun, or anybody's intention to begin proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
(e)	Has any Director, Partner, Executive or Senior employee ever been, the subject of an action or any bankruptcy proceedings, or proceedings for the sequestration of your/Company estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
(f)	Has any Director, Partner, Executive or Senior employee ever been put into liquidation, wound up, ceased trading, had a receiver or administrator appointed or entered into any voluntary arrangement with creditors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
(g)	Has any Director, Partner, Executive or Senior employee ever been adjudged by a court liable for any fraud, misfeasance, wrongful trading or other misconduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <div style="border: 1px solid gray; height: 80px; width: 100%;"></div>

Please indicate the relevant contact for each of the following:

<b>Principal Contact:</b>	<b>Title</b>	<b>First Name</b>	<b>Surname</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Email Address</b>		
	<input type="text"/>		
<b>Job Title</b>			
<input type="text"/>			
<b>Introducing Contact: (if different from above)</b>	<b>Title</b>	<b>First Name</b>	<b>Surname</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Email Address</b>		
	<input type="text"/>		
<b>Job Title</b>			
<input type="text"/>			

- If there is any other information you consider to be relevant to this application, it must be included here.
- Please also include here any additional information indicated in previous sections of the form.
- If there is insufficient space, please continue on a separate sheet.

Question

Information

Please indicate how many additional sheets are being submitted, if applicable



**Declaration of Applicant:**

It should not be assumed that information is known to Bennett Gould & Partners Ltd merely because it is in the public domain or has previously been disclosed to Bennett Gould & Partners Ltd. If there is any doubt about the relevance of information, it should be included.

For the purpose of complying with the Data Protection Act, the personal information provided in this Form will be used by Bennett Gould & Partners Ltd solely as a means of due diligence as part of the application process to become an authorised agent, and will not be disclosed for any other purpose without the permission of the applicant.

With reference to the above, Bennett Gould & Partners Ltd may seek to verify the information given in this form including answers pertaining to fitness and propriety. This may include a credit reference check.

**In signing the form below:**

- I authorise Bennett Gould & Partners Ltd to make such enquiries and seek such further information as it thinks appropriate in the course of verifying the information given in this Form.
- I confirm that the information in this form is accurate and complete to the best of my knowledge and belief.
- I confirm I understand the regulatory responsibilities as an authorised agent of Bennett Gould & Partners Ltd.
- I am familiar with the requirements of the Consumer Credit Act 1974.
- I undertake to advise Bennett Gould & Partners Ltd in writing of any changes in circumstances in respect of this application, including:
  - Any change of address;
  - Any changes of Directors, Partners, Executives, Principals or Senior Employees;
  - In the event of Bankruptcy, insolvency, going into liquidation, entering into an arrangement or composition with any creditors or a receiver being appointed;
  - If any Director, Partner, Executive or Senior employee becomes subject to disciplinary or investigatory proceedings instituted by any professional body, trade association or regulatory body;
  - Changes to your Professional Indemnity Insurance.

Full Name:

Signature :

Position In Company:

Date:

**Checklist of additional information**

The completed Introducer Application should have the following documents attached:

- A copy of your latest accounts and annual report
- A copy of your current Professional Indemnity or Errors and Omissions certificate
- Your CV
- Two forms of Photo ID (eg Photo Driving License, Passport)
- Two forms of address verification not more than 3 months old.
- Copies of professional qualifications

Attached
