

Bennett Gould & Partners Ltd Producing Agent 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 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)	Have you previously traded under a different name?	Yes / No	If yes please provide details:																					
(f)	What is the trading status of the Business?	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Sole Trader</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Partnership</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PLC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Part of A Group</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Limited Company</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	PLC	<input type="checkbox"/>	Part of A Group	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>										
Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>																					
PLC	<input type="checkbox"/>	Part of A Group	<input type="checkbox"/>																					
Limited Company	<input type="checkbox"/>																							
(g)	Company Registration Number (if applicable):	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																						
(h)	Please provide details of all Directors, Partners or Executives and any key Personnel:	Name:	<input type="text"/>	Age:	<input type="text"/>																			
		Qualifications:	<input type="text"/>	Date Qualified:	<input type="text"/>																			
		Position:	<input type="text"/>																					
		Name:	<input type="text"/>	Age:	<input type="text"/>																			
		Qualifications:	<input type="text"/>	Date Qualified:	<input type="text"/>																			
		Position:	<input type="text"/>																					
<i>Please continue on Section 6 for any additional Directors/Partners</i>																								

Section 1 (continued)

Company Details

(i)	Does the Company transact Insurance Business Only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No', please state which: <input type="text"/>
(j)	Which classes of business within the Insurance industry do you specialise in and /or will be concentrating on?	<input type="text"/>		
(k)	What is the Capital of the Company (if a Limited Company or PLC)?	Authorised £ <input type="text"/>	Paid Up £ <input type="text"/>	
(l)	Who owns the share capital?	Shareholders Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input 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 type="text"/> And/or individual reference number: <input type="text"/>
(b)	Have you ever been an Appointed Representative in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', what was the Company name? <input type="text"/>
(c)	ICO (Data Protection Numbe)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please state your ICO number: <input type="text"/>
(d)	Are you a Member of any Professional Trade Organisations/Bodies such as BIIBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please state which: <input type="text"/>

Section 2 (Continued)

FCA & Any Other Regulatory Body Details

(e) Has any application for membership of any of these Professional Trade Organisations/Bodies been refused, cancelled, declined or withdrawn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please state which one and the reason: <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
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Section 3

Professional Indemnity Insurance

(a) Do you have your own Professional Indemnity Insurance in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'No', please proceed to question (g) below.
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(b) Name & Address of Insurer or Lloyd's Syndicate:	<div style="border: 1px solid #ccc; height: 50px;"></div>
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(c) Policy Number:	<div style="border: 1px solid #ccc; height: 40px;"></div>	Please provide a copy of your latest PI Certificate, if applicable.
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(d) Period of Insurance:	From: <div style="border: 1px solid #ccc; width: 150px; height: 25px;"></div>	To: <div style="border: 1px solid #ccc; width: 150px; height: 25px;"></div>
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(e) Limit of Indemnity:	£ <div style="border: 1px solid #ccc; width: 180px; height: 25px;"></div>	<table border="0"> <tr> <td style="padding-right: 10px;">Any one Claim</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">In the Aggregate</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Any one Claim	<input type="checkbox"/>	In the Aggregate	<input type="checkbox"/>
Any one Claim	<input type="checkbox"/>					
In the Aggregate	<input type="checkbox"/>					

(f) Amount of Deductible, Excess or any self-insured amount:	£ <div style="border: 1px solid #ccc; width: 180px; height: 25px;"></div>
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(g) Do you maintain Fidelity Insurance for all Officers and Employers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide brief details: <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
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(h) Has any Claim ever been made under your E&O/Fidelity/D&O policy(ies) in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide brief details: <div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
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Section 3 (continued)

Professional Indemnity Insurance

- (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
-

Section 4

References & Financials

- (a) Have you any existing facilities with Lloyds Syndicates either direct or through Lloyds Brokers?
- Yes No
-
- If 'Yes', please provide brief details:*
-

- (b) Has any insurer, syndicate or broker (Lloyds or otherwise) refused or withdrawn your agency?
- Yes No
-
- If 'Yes', please provide brief details:*
-

- (c) Please provide the Name and Address of your Bankers to whom we may apply for a financial reference, if necessary.
-

- (d) For the purpose of payment by BACS, please provide us with the appropriate bank details:
- Account Number
- Account Name
- Bank Branch
- Sort Code / /
- Is this a Statutory or Non Statutory Trust Account?
- Yes No
-

- (e) What is your estimated income for the current accounting reporting period?
- From: To:
- | | Commercial | Personal Lines |
|-------------------|------------------------|------------------------|
| Insurance Income: | £ <input type="text"/> | £ <input type="text"/> |
| Other Income: | £ <input type="text"/> | £ <input type="text"/> |
| Total Income: | £ <input type="text"/> | £ <input type="text"/> |
- Please provide a copy of your latest audited accounts, including director reports and financial statements.*

(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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <input type="text"/>
(b)	Are any Has any Director, Partner, Executive or Senior employee subject to any current criminal proceeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', please provide details: <input type="text"/>
(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: <input type="text"/>
(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: <input type="text"/>
(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: <input type="text"/>
(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: <input type="text"/>
(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: <input type="text"/>

Please indicate the relevant contact for each of the following:

Principal Contact:	Title	First Name	Surname	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Email Address			
	<input type="text"/>			
	Job Title			
	<input type="text"/>			
	Commercial Contact:	Title	First Name	Surname
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Email Address		
<input type="text"/>				
Accounts Contact:	Title	First Name	Surname	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Email Address			
	<input type="text"/>			
	Job Title			
	<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 <input type="text"/>

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 Producing Agent 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
- A copy of your business plan (if new start-up company)

Attached
