

Changes to the Intermediary

Instructions for completing this form:

This form must be completed by a Director, Partner or Principal of the Intermediary.

For all changes please supply your agency number(s). Then complete the sections relevant to the changes you wish to advise us of.

Supporting documentation should be supplied as requested. Guarantees may be requested at a later date.

Your Ageas agency number(s)

Your checklist

Please include the following information and documentation to accompany your change

For all changes

Latest Financial Statements

For changes to Company Status and/or Name

Professional Indemnity Certificate

Evidence of Premium Trust Account

1 Key information about your business

Change of Company Status/Name

1.1 What is the legal status of the Intermediary? Limited PLC LLP Sole Trader Partnership

What is your Company name?

What is your trading name? (if applicable)

Telephone number

Email

What is your FCA authorisation number?

What is your ICO registration number?

2 About your people

Change of Directors, Partners or Principal

Please provide names of all Directors, Partners or Principal and all other FCA approved persons

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Home address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Email	<input type="text"/>		
FCA Approved Number	<input type="text"/>	Number of years active in insurance industry	<input type="text"/>		

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Home address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Email	<input type="text"/>		
FCA Approved Number	<input type="text"/>	Number of years active in insurance industry	<input type="text"/>		

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Home address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Email	<input type="text"/>		
FCA Approved Number	<input type="text"/>	Number of years active in insurance industry	<input type="text"/>		

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
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Telephone number	<input type="text"/>	Email	<input type="text"/>		
FCA Approved Number	<input type="text"/>	Number of years active in insurance industry	<input type="text"/>		

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Home address	<input type="text"/>				
Town	<input type="text"/>	County	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Email	<input type="text"/>		
FCA Approved Number	<input type="text"/>	Number of years active in insurance industry	<input type="text"/>		

3 Legal information about your business and people

3.1 Have the Directors, Partners, Principal or senior staff ever been convicted of a criminal act (other than a driving offence) not treated as spent convictions under the Rehabilitation of Offenders Act 1974?

Yes No

If yes, please specify whom and the circumstances

3.2 Have the Directors, Partners, Principal or senior staff ever been declared bankrupt, or being a Limited Liability Company, ever gone into receivership, or been subject to an administration order?

Yes No

If yes, please specify whom and the circumstances

3.3 Have the Directors, Partners, Principal or senior staff ever traded under another title or titles?

Yes No

If yes, please specify whom and the circumstances

3.4 Have the Directors, Partners, Principal or senior staff ever been a Director or Partner of a company which has been refused FCA authorisation, or had its authorisation withdrawn?

Yes No

If yes, please specify whom and the circumstances

3.5 Have the Directors, Partners, Principal or senior staff been censored, disciplined or publicly criticised by any professional or government body to which they belong or have belonged?

Yes No

If yes, please specify whom and the circumstances

3.6 Have the Directors, Partners, Principal or senior staff been dismissed from any office of employment or any representative position (dismissal does not include redundancy)?

Yes No

If yes, please specify whom and the circumstances

3 Legal information about your business and people *continued*

3.7 Do the Directors, Partners, Principal or senior staff currently have any involvement in civil litigation in any capacity or are expecting to be so involved?

Yes No

If yes, please specify whom and the circumstances

3.8 Do the Directors, Partners, Principal or senior staff have knowledge of any allegations of negligence against them during the last 10 years?

Yes No

If yes, please specify whom and the circumstances

3.9 Have the Directors, Partners, Principal or senior staff had any order made against them under the Disqualification of Directors Act 1986?

Yes No

If yes, please specify whom and the circumstances

3.10 Have the Directors, Partners, Principal or senior staff had any High Court or County Court Judgements made against them?

Yes No

If yes, please specify whom and the circumstances

3.11 Have the Directors, Partners, Principal or senior staff had any loans or commission debts outstanding to any insurance company?

Yes No

If yes, please specify whom and the circumstances

Declaration

All information supplied will be used by Ageas to maintain records and administer the Intermediary's agency.

Ageas reserves the right to make enquiries in respect of the credit status of the Intermediary, it's Directors, Partners or Principal, including making credit checks.

Ageas may share information with other insurers as set out in the Terms of Business Agreement. Further details of how such information may be used can be obtained from Ageas.

The Intermediary undertakes to inform Ageas in the event that any of its Directors, Partners or Principal are convicted of any criminal act other than a driving offence during the term of any agency granted to the Intermediary.

Please tick the box to confirm you have read and understood the above declaration. Thank you.

Name

Job title

Date

What happens next...

Please complete this form, and email copies of supporting documentation to agencyandcredit@ageas.co.uk.

If you have any queries regarding this form, please call us on **023 8035 2685**.

Ageas Insurance Limited

Registered address

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