

# Applying for an agency with us

Thank you for choosing to apply for an agency with Ageas Insurance Limited (Ageas).

Please read the information below carefully, before proceeding.

This application must be completed by a Director, Partner or Principal acting on behalf of the Applicant.

Guarantee's may be required.

## Important notice

Our minimum gross written premium (GWP) requirement is:

Personal Lines	£25,000 per annum
Commercial Lines	£50,000 per annum

**Please ensure you complete the questionnaire fully and accurately as incorrect information may delay your application.**

## Information

- Are you directly authorised to trade in general insurance? Yes  No
- Can you provide evidence of your current Professional Indemnity insurance cover? Yes  No
- Can you provide a copy of your latest Financial Statements or Business Plan and Financial Projections? Yes  No
- Can you provide evidence of your Premium Trust Account? Yes  No

**If the answer to any of the above is 'No' please call us on 023 8035 2685 to discuss**

## Your checklist

### A checklist of information and documentation which must accompany your application

- Professional Indemnity Certificate
- Latest Financial Statements or Business Plan and Financial Projections
- Evidence of Premium Trust Account
- List of Sub Agents (if applicable)

## What prompted you to apply to Ageas today?

- Visit from Ageas representative  Previous trading relationship
- Industry roadshow  Other
- Recommendation by another broker

# 1 Key information about your business

## Legal Status and Authorisation

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

**If Limited or PLC status:**

What is your registered name?

What is your trading name? (if applicable)

What is your registered number?

**If LLP status:**

What is your partnership name?

What is your trading name? (if applicable)

What is your registered number?

**If Sole Trader status:**

What is your trading name?

**If Partnership status:**

What is your partnership trading name?

1.2 What is your FCA authorisation number?

1.3 What is your ICO registration number?

1.4 Principal trading address

Town  County  Postcode

1.5 How many offices do you have?

1.6 How many employees do you have?

1.7 Primary contact name Title  First name  Surname

Telephone number  Email

1.8 If your application is successful, you will receive login details to the Ageas broker extranet, enabling you to use our online functionalities. This includes obtaining online quotations, reconciling your account statements, obtaining claim summaries and the ability to download/print policy documents.

Please provide a contact name for accounts reconciliation, if different from above

Title  First name  Surname

Telephone number  Email

## 2 About your people

### Directors, Partners and 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"/>
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"/>		

## 2 About your people *continued*

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"/>		

### Other Key Employees

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Job title	<input type="text"/>				
Telephone number	<input type="text"/>	Email	<input type="text"/>		

  

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Job title	<input type="text"/>				
Telephone number	<input type="text"/>	Email	<input type="text"/>		

  

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Job title	<input type="text"/>				
Telephone number	<input type="text"/>	Email	<input type="text"/>		

### 3 Legal information about your business and people

3.1 Has any company or society refused the Applicant agency facilities either by declining the application or terminating an existing agency?

Yes  No

If yes, please specify whom and the circumstances

3.2 Has the Applicant, 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

3.3 Has the Applicant, 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

3.4 Has the Applicant, Directors, Partners, Principal or senior staff ever traded under another title or titles?

Yes  No

If yes, please specify whom and the circumstances

3.5 Has the Applicant, 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

3.6 Has the Applicant, 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 Legal information about your business and people *continued*

3.7 Has the Applicant, 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

3.8 Does the Applicant, 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

3.9 Does the Applicant, 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

3.10 Has the Applicant, 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

3.11 Has the Applicant, 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

3.12 Has the Applicant, 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

## 4 Financial information, business systems and trading

### 4.1 Brief history and background of the business

For example, how long has the business been trading, main routes to market, and development opportunities

### 4.2 Please select all companies with whom you currently hold non-life agency facilities

AIG	<input type="checkbox"/>	DAS	<input type="checkbox"/>	NFU	<input type="checkbox"/>
Allianz	<input type="checkbox"/>	Domestic & General	<input type="checkbox"/>	NIG	<input type="checkbox"/>
Ansvar	<input type="checkbox"/>	Ecclesiastical	<input type="checkbox"/>	QBE	<input type="checkbox"/>
Aviva	<input type="checkbox"/>	Equity Red Star	<input type="checkbox"/>	RSA	<input type="checkbox"/>
AXA	<input type="checkbox"/>	Hiscox	<input type="checkbox"/>	Sabre	<input type="checkbox"/>
Brit	<input type="checkbox"/>	Legal & General	<input type="checkbox"/>	Travelers	<input type="checkbox"/>
Chubb	<input type="checkbox"/>	Lloyd's	<input type="checkbox"/>	Zenith	<input type="checkbox"/>
Co-operative	<input type="checkbox"/>	LV	<input type="checkbox"/>	Zurich	<input type="checkbox"/>
Covea	<input type="checkbox"/>	Markerstudy	<input type="checkbox"/>	Others, not listed	<input type="checkbox"/>

### 4.3 Please advise your approximate company GWP by business line

Private Car	£	<input type="text"/>	Household	£	<input type="text"/>	Motor Bike	£	<input type="text"/>
Travel	£	<input type="text"/>	Personal Accident	£	<input type="text"/>	Commercial Vehicle	£	<input type="text"/>
Commercial	£	<input type="text"/>	Fleet	£	<input type="text"/>	Tradesman	£	<input type="text"/>

### 4.4 Do you underwrite any specialist schemes?

For example, delegated authority arrangements

### 4.5 Please select the software house that provides your quotations

Acturis	<input type="checkbox"/>	SCID Code	<input type="text"/>			
Applied Systems	<input type="checkbox"/>	SCID Code	<input type="text"/>			
CDL	<input type="checkbox"/>	ABI Code	<input type="text"/>	Mailbox	<input type="text"/>	Branch <input type="checkbox"/> SCID Code
Open GI	<input type="checkbox"/>	ID	<input type="text"/>	Mailbox	<input type="text"/>	Branch <input type="checkbox"/> <input type="text"/>
SSP	<input type="checkbox"/>	ABI Code	<input type="text"/>	Mailbox	<input type="text"/>	
TGSL	<input type="checkbox"/>	ABI Code	<input type="text"/>	Mailbox	<input type="text"/>	

Other, please provide details

## 4 Financial information, business systems and trading *continued*

4.6 Are you a member of a software house marketing group or other network?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please select all that apply		
Ataraxia <input type="checkbox"/>	Brokerbility <input type="checkbox"/>	Marsh Pro-Broker <input type="checkbox"/>
Bluefin Broker Partner Services (BBPS) <input type="checkbox"/>	Compass Broker Services <input type="checkbox"/>	Purple <input type="checkbox"/>
Broker Network Advantage <input type="checkbox"/>	Compass Select <input type="checkbox"/>	Willis <input type="checkbox"/>
Broker Network Ethos <input type="checkbox"/>	Countrywide Connect <input type="checkbox"/>	
Broker Network Premier <input type="checkbox"/>	Keychoice <input type="checkbox"/>	

  

4.7 Do you arrange private car insurance cover for residents in Northern Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4.8 Do you arrange private car insurance cover for residents in the Channel Islands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4.9 Do you provide a sub-agent facility, ie act as an intermediary for other insurance brokers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please attach full list of sub-agents		

  

4.10 Do you trade directly with customers via your own website	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide web address <input type="text"/>		
Is quote-and-buy functionality operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

  

4.11 Do you trade via price comparison websites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify whom <input type="text"/>		

  

4.12 Do you outsource claims to a third party claims management/FNOL provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify whom and for which product lines <input type="text"/>		

  

4.13 Name of your Accountant	<input type="text"/>		
Address of your Accountant	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		

  

4.14 Name of your Auditors	<input type="text"/>		
Address of your Auditors	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>		



**Please ensure that Your Checklist on page 1 is completed before confirming your acceptance of the Declaration.**

## Declaration

The Applicant wishes to be appointed as an agent of Ageas.

The completion and submission of this application is not binding upon either party and no relationship, whether of agency or otherwise, shall arise or be construed between the Applicant and Ageas by virtue of completion of this application or its consideration by Ageas.

The Applicant understands and agrees that its appointment as an agent of Ageas is conditional upon and subject to:

- a Ageas' confirmation that the Applicant is approved to represent Ageas' interests; and
- b the Applicant having read, signed and returned to Ageas the Terms of Business Agreement together with any other documentation required by Ageas.

All information supplied will be used by Ageas to assess the application, maintain records and (if successful) administer the Applicant's agency.

Ageas reserves the right to make enquiries in respect of the credit status of the Applicant, its 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 Applicant 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 Applicant.

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

Name

Title

Date

## What happens next...

Please complete this form, and email copies of supporting documentation to [agencyandcredit@ageas.co.uk](mailto:agencyandcredit@ageas.co.uk).

Upon receipt our Agency Team will review your information and email you within ten working days to advise the status of your application.

If you wish to discuss your application in the meantime, please call us on **023 8035 2685**.

### Ageas Insurance Limited

#### Registered address

Ageas House, Hampshire Corporate Park,  
Templars Way, Eastleigh, Hampshire SO53 3YA

[www.ageasbroker.co.uk](http://www.ageasbroker.co.uk)

Registered in England and Wales no 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register No 202039.

**ageas**<sup>®</sup>