

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 for Personal Lines is £25,000 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 | <input type="text"/> |
| 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
Telephone number		Email		
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		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

Title		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

Title		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

Title		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

Title		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

2 About your people *continued*

Title		First name		Surname	
Home address					
Town		County		Postcode	
Telephone number			Email		
FCA Approved Number			Number of years active in insurance industry		

Other Key Employees					
Title		First name		Surname	
Job title					
Telephone number			Email		
Title		First name		Surname	
Job title					
Telephone number			Email		
Title		First name		Surname	
Job title					
Telephone number			Email		

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	☐	DAS	☐	NFU	☐
Allianz	☐	Domestic & General	☐	NIG	☐
Ansvar	☐	Ecclesiastical	☐	QBE	☐
Aviva	☐	Equity Red Star	☐	RSA	☐
AXA	☐	Hiscox	☐	Sabre	☐
Brit	☐	Legal & General	☐	Travelers	☐
Chubb	☐	Lloyd's	☐	Zenith	☐
Co-operative	☐	LV	☐	Zurich	☐
Covea	☐	Markerstudy	☐	Others, not listed	☐

4.3 Please advise your approximate company GWP by business line

Private Car	£		Motor Bike	£	
Commercial Vehicle	£		Household	£	

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	☐	SCID Code				
Applied Systems	☐	SCID Code				
CDL	☐	ABI Code		Mailbox		Branch SCID Code
Open GI	☐	ID		Mailbox		Branch
SSP	☐	ABI Code		Mailbox		
TGSL	☐	ABI Code		Mailbox		
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 ☐	No ☐	
If yes, please select all that apply					
Ataraxia	☐	Cobra	☐	Hedron	☐
Broker Network Advantage	☐	Compass Broker Services	☐	Keychoice	☐
Broker Network Ethos	☐	Compass Select	☐	Willis	☐
Broker Network Premier	☐	Countrywide Connect	☐		

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

4.10 Do you trade directly with customers via your own website			Yes ☐	No ☐
If yes, please provide web address				
Is quote-and-buy functionality operational?			Yes ☐	No ☐

4.11 Do you trade via price comparison websites?			Yes ☐	No ☐
If yes, please specify whom				

4.12 Do you outsource claims to a third party claims management/FNOL provider?			Yes ☐	No ☐
If yes, please specify whom and for which product lines				

4.13 Name of your Accountant					
Address of your Accountant					
Town		County		Postcode	

4.14 Name of your Auditors					
Address of your Auditors					
Town		County		Postcode	

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

Job title

Date

What happens next...

Please complete this form, and email copies of supporting documentation to agency@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

Registered in England and Wales Company Registration Number 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.

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