



Underwriting & General
Insurance Services Ltd

AGENCY APPLICATION

UGIS AGENCY APPLICATION

1. Legal Name of Firm – Include any trading names of firm which may be used in connection with the binding authority arrangement(s):

2. Please state any other names by which the firm has been known in the past 10 years:

3. Postal Address:

4. Registered Address (if different to Postal Address):

5. Telephone Number:

Fax Number:

6. E-mail Address:

Website Address:

7. Company Status (E.g. Public Limited, Private Limited, Partnership, Sole Trader etc):

8. If a Limited Company please state:

Authorised Share capital: £

Fully Paid Up Capital: £

9. Company Registration Number:

Date Established / Incorporated:

10. If organisation is a partnership please state:

Name of Partners:

How the arrangement is structured:

11. If the firm is owned or part owned by another organisation please provide the following details:

Name(s):

Location(s):

Ownership Percentage:

12. Person at firm who may be contacted in connection to this application:

13. Is the firm currently approved as a Lloyd's Coverholder?

If **Yes** Please state the firm's 10 digit Lloyd's Coverholder File Reference:

14. If the firm is affiliated or associated with any other insurance broker / agency / intermediary / or Insurance company please provide name(s) and location(s) detail:

<p>27. Provide details if the Bank mandate(s) stipulate authority limits and type of transactions allowed by individuals:</p>
<p>28. Does the firm have fidelity insurance in place? If YES, please provide the following information: Insurer: Policy Number: Period: Limit: Deductible:</p>
<p>29. Please provide details of other insurance purchased for current year operations:</p>
<p>30. Please provide details of any professional indemnity claims made by the firm during the past 5 years or any incident or circumstance which may give arise to a claim:</p>
<p>31. Please provide details if the firm has ever had membership of an association or professional organisation declined, cancelled or withdrawn in the past 5 years , for any reasons other than the lack of support: If Yes, please state reason(s)</p>
<p>32. Has your firm or any of its current Directors, Partners, Proprietors or Principal Officers ever been convicted of any offence involving dishonesty, theft, robbery, burglary, handling stolen property, forgery, fraud, income tax evasion, or any other similar offence? If so please give details:</p>
<p>33. Please provide details if any of the firm’s current Directors, Partners, Proprietors or Principal Officers or whilst holding a Managerial position in any other organisation been subject to the following: Liquidations, receivership or bankruptcy Received an administration order Entered into an agreement with creditors Please state if any of the above issues are pending:</p>
<p>34. Have any other serious irregularities not already addressed above been reported to any Insurer or is the firm aware of any issues pending that may affect judgement as to whether business should be accepted from this firm?</p>
<p>35. Is the firm in compliance with the relevant jurisdiction’s data privacy regulation?</p>

36. Does the firm sub-delegate any underwriting authority?

37. Are all company records stored in a secured separate location and is there a back up facility in place for computer records?

38. Please state what procedures have been implemented to recover outstanding debts:

39. Please advise your Professional Indemnity Insurer's name:
Please provide the amount of Professional Indemnity cover:
Limit in respect of each and every claim: £
Limit in the aggregate: £
Deductible: £ each and every claim / aggregate
Expiry Date:

PLEASE ATTACH THE FOLLOWING TO THIS FORM
A copy of your firm's current Professional Indemnity schedule
A copy of the firm's latest fiscal year and financial statement of accounts and most recent un-audited financial statement

DECLARATION STATEMENT

I/We hereby apply to act as an approved intermediary of Underwriting & General Insurance Services Ltd.
I/We hereby declared that the information given in this application is true and complete and that it forms the basis of this application.
I/We also undertake to immediately advise Underwriting & General Insurance Services Ltd any material changes to the enclosed information. This undertaking is to be a continuing obligation.
I/ We hereby declare to abide by all terms and conditions stated in the Intermediary Agreement(s) issued by Underwriting & General Insurance Services Ltd.

Authorised Signatory:

Full Name:
Position:
Date:

PLEASE SHOW THE APPROXIMATE NET ANNUAL PREMIUM HANDLED BY YOUR FIRM SHOWING A BREAKDOWN BY CLASSES:

Class of Business	Net Premium	Percentage (%)
Commercial Property Owners	£	
Residential Property Owners	£	
Restaurant	£	
Leisure	£	
Liability (Stand Alone)	£	
Commercial Combined	£	
Liability (Excess Layer)	£	
Contractors All Risk	£	
Other:	£	
Total Net Annual Premium	£	

Please return this application to UGIS, South Point House, 321 Chase Road, Southgate London N14 6JT.
Telephone: 020 8920 7820 Fax: 020 8920 7801 E-mail: ugis@ugis.co.uk

For additional information

Please quote section Number and any relevant information