



ABBHEY LEGAL
PROTECTION

Agency
Application Form



1 Full name of Company/Firm (including trading title if applicable) applying for agency:

2 (a) Address(es) from which the business is conducted:

Tel no:

Fax no:

Email:

Web:

Tel no:

Fax no:

Email:

Web:

(b) Date established:

(c) Company registration number and registered office if different from (a) above:

(d) Address which we should utilise for accounting purposes:

Tel no:

Fax no:

Email:

Web:

3 (a) Please provide the following information in respect of your authorisation by the Financial Services Authority:

(i) Your FSA Firm Reference Number:

(ii) Your Compliance Contact:

(b) Network affiliations:

(c) Has the Company/Firm or any of the Directors, Principals or Partners ever been the subject of any disciplinary or regulatory investigation(s) or action(s) by or on behalf of any of these Associations/ Bodies or had its/their membership/registration revoked, or is any such matter pending?

YES NO

If YES, please specify:

(d) Has the Company/Firm or any of the Directors, Principals or Partners had an agency or an agency application form declined or terminated or granted on special terms?

YES NO

If YES, please specify:

(e) Have any of the Directors, Principals or Partners been convicted of any criminal offence other than minor motoring offences?

YES NO

If YES, please specify:

(f) Have any of the Directors, Principals or Partners or has any organisation in which they have held a managerial position been involved in liquidation, receivership, bankruptcy, an administrative order, entered into an arrangement with creditors or is any such matter pending?

YES NO

If YES, please specify:

4 (a) Account:

	Commercial Lines		Personal Lines	
	Non-Motor	Motor	Non-Motor	Motor
Clients				
Premium				
Brokerage				
Average Client Premium				

(b) Commercial Lines Account Profile:

Specific Industry/Trade Bias % of Portfolio

Sectors

Schemes

Commercial Manager's Name

Commercial Manager's Email

(c) Commercial LEI:

Existing Markets

No. of Clients Purchasing

5 Declaration:

I/We hereby apply to Abbey Legal Protection for an agency for the purpose of handling general insurance.

I/We also apply for the agency to be on a credit basis.

I/We irrevocably agree that all premiums we receive for business placed with Abbey Legal Protection shall be held within a separately designated trust account immediately upon receipt by me/us.

I/We hereby warrant that where information is included in respect of Directors, Principals or Partners the relevant individual has given his or her consent to the disclosure of relevant information.

I/We hereby declare that Professional Indemnity insurance in accordance with our regulatory body's requirements will remain in force for the duration of this appointment.

I/We declare that the information given in this application is true and complete and I/We agree that this application shall be the basis of an agency appointment and Terms of Business Agreement.

Authorised signatory:

Print name:

Position: Date:



Please return to:

Abbey Legal Protection Minories House, 2-5 Minories, London EC3N 1BJ
Tel 0870 600 1480 **Fax** 0870 600 1481 **Email** sales@abbeylegal.com **Website** www.abbeylegal.com

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