

Please fill out the form below, if you are applying to work with us as an Insurance Broker.

Once complete please post the application to the address below or email to brokers@justtravelcover.com

Agency Management
Victoria House
Toward Road
Sunderland
SR1 2QF

Website: www.Justtravelcover.com/partner **Telephone:** 0800 458 0466 **Email:** brokers@justtravelcover.com

AGENCY APPLICATION FORM

| | | | | | |
|--|--|------------------|---|----------|--|
| Intermediary Name: | | | | | |
| Trading Title/Names | | | | | |
| Name of Primary contact: | | | | | |
| Full Registered Address: | | | | | |
| Full Trading Address: If different to Registered Address: | | | | | |
| Telephone: | | Email: | | Website: | |
| Type of company: | | | | | |
| Classification of firm | | | If subsidiary company, give name(s) of: A – Parent Company: B – Ultimate Holding Company: | | |
| Date business established: | | Number of staff: | | | |
| FCA Authorisation Number: | | | | | |
| Company Registration Number: | | | | | |
| Data Protection Number: | | | | | |
| Do you provide quotations from a website? | | | | | |
| Is your website interactive or informative? | | | Interactive / Informative | | |
| If Interactive, can instant cover be provided? | | | Yes / No | | |
| Do you have Call Recording? | | | | | |

Agency Application Form

| Please state your annual Gross Written Premium (all business): | Please state your annual Gross Written Premium for Travel Insurance: | What is your annual income generated from the sale of all general insurance products? |
|--|--|---|
|--|--|---|

| | | |
|---|---|---|
| £ | £ | £ |
|---|---|---|

PLEASE NAME THE THREE MAIN NON-LIFE COMPANIES WITH WHOM YOU HAVE AGENCIES i.e. YOUR LARGEST ACCOUNTS:

1 _____ 2 _____ 3 _____

| | |
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| Does the firm hold "standard" agency terms and conditions with all Insurance providers? | |
| Do you have any special arrangements in place with an Insurer e.g. profit share, delegated underwriting authority, binding authority, enhanced commission? | |
| As the result of an audit, has any insurer restricted, suspended or withdrawn your authority (in the last five years)? | |
| Do you operate any sub-broking facilities? | |

Please give details of your Professional Indemnity cover, if No cover is in force please state why:

Name of Insurer: _____
 Insurer's Address: _____

Policy Number: _____ Expiry Date: _____ Excess: £ _____

Indemnity cover: £ _____

Does cover include dishonesty of the insured's partners or directors?
 Does cover include dishonesty of the insured's staff?
 Are there any circumstances known which may give rise to a claim?

PLEASE CONFIRM THAT YOU HOLD SEPARATE BANK ACCOUNTS FOR CLIENT OR INSURER MONEY AND OFFICE MONEY i.e. PLEASE CONFIRM THE NAME OF YOUR BANK ACCOUNTS

Monthly Accounts Contact Information
 Name of Contact for Accounts: _____ Email Address for Accounts: _____

Office Account – Bankers Name and Address:

SORT CODE: _____ ACCOUNT NO: _____

Client or Insurer Account Name:

Banker's Name and Address:

SORT CODE: _____ ACCOUNT NO: _____

Do you hold all money received from clients in accordance with FCA's CASS rules?
 Please advise if your account is a Statutory Trust or Non-Statutory Trust account?
 Please confirm that you have the necessary exchange of letters in place:
 If you have an Insurer account, please confirm that you have the necessary Trust Deed in place:

ACCOUNTANTS DETAILS:

Name:

Address:

ARE YOUR ACCOUNTS AUDITED EVERY YEAR?

 If **NO**, please outline your auditing arrangements:

| Names of Directors / Partners / Proprietor | Private Address (including Postcode) | Position & Year of appointment | FCA Individual Ref. Number | Professional Qualification(s) | Actively Involved (Yes / No) |
|--|--------------------------------------|--------------------------------|----------------------------|-------------------------------|------------------------------|
| | | | | | |
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As a regulated firm, we are required to satisfy FCA's Fit and Proper regime at all times.
 We are also required to ensure that any regulated firm, with whom we deal, also satisfies the above.
 Please answer the following questions:

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| Are any directors or partners engaged in other business? | |
| Have you been convicted of a criminal offence or are there any prosecutions pending? | |
| Are you subject to any adverse finding or settlement in civil proceedings? This includes misconduct, fraud and management of a firm? | |
| Have you been interviewed in relation to any matters by FCA, other regulatory bodies, professional bodies, government bodies or agencies? | |
| Have you contravened any of the standards and or requirements of the regulator? | |
| Are you the subject of any justified complaint which has been upheld, which relates to regulatory activities? | |
| Have you been refused registration, authorisation, membership or licence to carry out a business or trade? | |
| Have you been involved in a relationship whereby any of the above have been removed, revoked or withdrawn? | |
| Have you, as a result of the above been refused the right to carry on a trade, business or profession requiring licence, authorisation or other? | |
| Have you been a Partner, Director, or member of a management team involved in a firm which has gone into insolvency, liquidation or administration? | |
| Have you been investigated, disciplined, censured, suspended or criticised by a regulatory body, a court or tribunal, whether publicly or privately? | |
| Have you been dismissed or asked to resign from a position of trust, fiduciary appointment or similar? | |

| | |
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| Have you ever been disqualified from acting as a Director or disqualified from acting in any managerial capacity? | |
| Have you been subject to any judgment debt or award in the UK or elsewhere, that remains outstanding or was not satisfied within a reasonable timescale? | |
| Whether in the UK or elsewhere, have you made any arrangements with creditors, filed for bankruptcy, had a bankruptcy petition served on you, been adjudged bankrupt, been the subject of bankruptcy restrictions, offered a bankruptcy restrictions undertaking, had assets sequestrated, or been involved in proceedings relating to any of these? | |
| If you have answered Yes to any of the above questions please provide more information: | |
| Have you been candid and truthful in all your dealings with any regulatory body and have you demonstrated a readiness and willingness to comply with the requirements and standards of the regulatory system and with other legal, regulatory and professional standards? | |
| Do you satisfy the competence and capability requirements in relation to the controlled functions you perform within the firm? | |
| Are you able to demonstrate your experience and training in relation to your controlled functions? | |

In applying for this agency we must emphasise that both parties will each be required to comply with our respective responsibilities in relation to financial crime, which includes, but it not limited to Money Laundering, The Bribery Act 2000, Financial Sanctions, and the Data Protection Act 1998.

Declaration:

In the event that this application is approved and we are issued with a Terms of Business Agreement;

I/We agree to comply with all the terms and conditions set out within this agreement and to comply at all times with FCA's rules.

I/We also agree to comply with any subsequent revisions made in relation to any related guides and procedural instructions, which may be updated from time to time.

Signed on Behalf of the Broker

Name

Dated

Signed on Behalf of Just Insurance Agents Ltd

Name

Dated