

SUB BROKER APPLICATION

Application Procedures

It is a requirement of the Financial Services and Markets Act 2000 that all applications are processed by Eastman Underwriting Agency Limited in line with FCA rules. This may involve Eastman Underwriting Agency Limited making further enquiries about the business and any individuals within the business. Such enquiries may include: -

- Credit searches on the business
- References from the business accountant (if appropriate)
- Searches of records held at Companies House
- Other records as required for individual circumstances.

Data Protection

We may use the personal details you have given to us, to administer your agency with us and to search the files of credit reference agencies that may keep a record of the search. We will store your details but will not keep them longer than is necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all information we hold about you. We may also share your personal information with other companies in Eastman Underwriting Agency Limited to comply with our regulatory obligations and our ongoing administration and management information.

Please complete **ALL** the relevant sections and return this form together with any other documentation or further information

SECTION ONE – SUB BROKER DETAILS

<i>A</i>	Full legal trading name of business	<input style="width: 100%; height: 30px;" type="text"/>								
<i>B</i>	Other trading names	<input style="width: 100%; height: 30px;" type="text"/>								
<i>C</i>	If the business is part of a larger group or is associated with any other companies or firms, please provide details.	<input style="width: 100%; height: 60px;" type="text"/>								
<i>D</i>	Main business address	<input style="width: 100%; height: 60px;" type="text"/>								
	Postcode	<input style="width: 100%; height: 30px;" type="text"/>								
<i>E</i>	Trading Status <i>(please tick one)</i>	<table border="0" style="width: 100%;"> <tr> <td style="width: 85%;">Public Limited Company</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Private Limited Company</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Partnership / LLP</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Sole Trader</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Public Limited Company	<input type="checkbox"/>	Private Limited Company	<input type="checkbox"/>	Partnership / LLP	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>									
Private Limited Company	<input type="checkbox"/>									
Partnership / LLP	<input type="checkbox"/>									
Sole Trader	<input type="checkbox"/>									
<i>F</i>	Company Registration Number	<input style="width: 100%; height: 30px;" type="text"/>								
<i>G</i>	How long has the business been trading?	<input style="width: 100%; height: 30px;" type="text"/>								
<i>H</i>	Description of main trading activities	<input style="width: 100%; height: 30px;" type="text"/>								

I	Principle contact name and role		
J	Contact Number	TEL	FAX
K	Contact Email address		
L	Website address		

SECTION TWO – REGULATORY STATUS

A What is your FCA status? *(please tick one)*

Directly authorised	<input type="checkbox"/>
Appointed Representative	<input type="checkbox"/>
Introducer Appointed Representative	<input type="checkbox"/>
Exempt Professional Firm	<input type="checkbox"/>

Other *(please give details)*

B Please confirm your Firm Reference Number

C What is your scope of permissions? *(please tick one)*

Investments/Pensions	<input type="checkbox"/>
General	<input type="checkbox"/>

Other *(please give details)*

D Do you have permission to hold client money

Yes / No

E Please provide details of each Director, Partner or Manager involved in Insurance Mediation activities.

Full name	Date of Birth	Qualifications	FCA IRN (If applicable)

SECTION 4 - DISCLOSURE

(to be completed by an authorised individual, for and on behalf of the business)

- A Are you currently, or have you ever been, authorised by the FCA (or any other regulatory body) or an Appointed Representative or Introducer Appointed Representative of any Financial Services Company? Yes / No

If No – please go to F

If Yes, please give the following details

Date authorised

From

To

Name of Financial Services Company

Date contract held

From

To

- B Are you a practising Solicitor? Yes / No

Are you a Chartered or Certified Accountant with a practising Certificate? Yes / No

- C Has the business ever resigned, been refused, revoked, withdrawn from or discontinued an application for membership of or authorisation to, any organisation or body details in questions A & B? Yes / No

- D Is the business currently or has it ever been the subject of any disciplinary proceedings by any organisation or body details in questions A & B? Yes / No

- E Is the business currently or has it even been the subject of a formal investigation under powers contained in the Insurance Companies Act 1982, The Companies Act 1985 or The Financial Services Act 1986? Yes / No

F Has the business ever:-

- a) Had a petition presented or a meeting summoned to consider a resolution to wind up the company or has been wound up (i.e. gone into liquidation, receivership or bankruptcy) ? Yes / No

- b) Had any judgement debts entered against it? Yes / No

- c) Been struck off the register by the Registrar of Companies or disqualified under company legislation? Yes / No

- d) Received an administration order or entered into any administration arrangement? Yes / No

- e) Been found liable for negligence, fraud, misfeasance or wrongful trading? Yes / No

If you have answered Yes to any of question F, please supply full details on a separate sheet

SECTION FIVE - ACCOUNTANT DETAILS

A	Name	<input type="text"/>
B	Address	<input type="text"/>
	Postcode	<input type="text"/>
C	Name of Contact	<input type="text"/>
	Title, Initial and Surname	<input type="text"/>
	Telephone Number	<input type="text"/>
	Email address	<input type="text"/>
D	Latest copy of the management or audited accounts attached	Yes / No

SECTION 6 - BANK DETAILS

A	Name	<input type="text"/>
B	Address	<input type="text"/>
	Postcode	<input type="text"/>
C	Sort Code	<input type="text"/>
D	Account Number	<input type="text"/>

SECTION SEVEN - LICENCES

A	Is the firm registered under the Consumer Credit Act?	Yes / No
	<i>If Yes, please provide licence number</i>	<input type="text"/>
B	Is the firm registered under the Data Protection Act?	Yes / No
	<i>If Yes, please provide licence number</i>	<input type="text"/>

SECTION 8 - PROFESSIONAL INDEMNITY INSURANCE

A	Insurer	<input type="text"/>
B	Renewal Date	<input type="text"/>
C	Limit of Indemnity	£ <input type="text"/>
D	Excess	£ <input type="text"/>

E Have you reported any claims or incidents in the last 5 years? Yes / No

If Yes, please provide details

SECTION NINE - DECLARATION

The firm agrees to

- a) comply with all relevant legal and regulatory requirements
- b) Maintain professional indemnity insurance to meet regulatory requirements

The firm must advise Eastman Underwriting Agency Limited in writing of any

- a) changes in the firms permissions or status with the FCA
- b) Criminal convictions (other than motoring offences) of any principal, partner or director occurring after the date of this application
- c) Changes to the legal status of the firm

I / We the principal, partner or director(s) understand and accept that any agency granted will be subject to the terms of business agreement for sub-broking to Eastman Underwriting Agency Limited.

Signature

Name

Position

Date

Please return this completed form, along with a copy of your most recent accounts to:-

agencies@eastmanunderwriting.co.uk

