

Broker Agency Application Form

Company name		
Company address		
Telephone number		
Fax number		
Email address		
Website address		
Contact name		
Position		
Company registration number (if applicable)		
Date business started trading	/ /	
Copies of latest set of accounts and current PI certificate attached? (only applicable if you are not FSA registered)	Yes	No
Are you FSA registered?	Yes	No
If "Yes", please provide membership number		
Are you RICS registered?	Yes	No
If "Yes", please provide membership number		
Have you ever been refused or deferred the granting of an agency?	Yes	No
If "Yes", please provide details:		



Please provide details of Directors/Partners/Owners		
Names	Qualifications	Insurance Experience (Years)
Number of staff involved in insurance activities		
Do you have sub agents advising or arranging insurance on your behalf?		Yes No
If "Yes", please provide details:		
Please provide a summary of your insurance activities:		
Please provide details of the source of the business which you generate:		
Please provide details of the type of insurance business you expect to generate annually:		
Do you have any Sub Agents and/ or Appointed Representatives:		
Your total gross written premium:		

Signature (Director/Partner/Owner)	
Name	
Position	
Date	

Please send your completed application to:

Broker Agency Applications, Stride Limited, Birch House, Parklands Business Park, Forest Road, Denmead, Hampshire, PO7 6XP