

P J Hayman & Company Ltd.
 Stansted House, Rowlands Castle,
 Hampshire, PO9 6DX
 Telephone 023 9241 9050 Fax 023 9241 9019

AGENCY APPLICATION FORM

1. TRADING NAME _____

2. REGISTERED ADDRESS _____
 _____ POSTCODE _____

3. TRADING ADDRESS _____
 (if difference from Registered Address) _____ POSTCODE _____

4. TELEPHONE inc. STD CODE _____ FAX inc. STD CODE _____ EMAIL ADDRESS _____

5. DATE ESTABLISHED _____ (under present ownership) 6. COMPANIES HOUSE REGISTERED NO. _____

7. TYPE OF COMPANY: PLC / PRIVATE LIMITED / PARTNERSHIP / SOLE TRADER

8. CLASSIFICATION OF STATUS: REGISTERED BROKER / INDEPENDENT INTERMEDIARY / COMPANY AGENT

If Subsidiary Company give name(s) of: A - Parent Company _____ B - Ultimate Holding Company _____

NAMES of Directors/ Partners/Proprietor	PRIVATE ADDRESS (inc. Postcode)	Professional qualification(s)	Date from which Directorship/ Partnership or Proprietorship commenced	Shareholding or Participation (%)	Actively Involved (Yes / No)

9. ARE ANY DIRECTORS OR PARTNERS ENGAGED IN OTHER BUSINESS? YES / NO
 If YES please give details _____

10. ANY OTHER BUSINESS OF FIRM _____

11. ARE YOU REGISTERED WITH FSA?
 If YES, please state REGISTRATION NUMBER: _____

12. IF YOU ARE NOT FSA REGISTERED:
 A – Been deleted from the Register YES/NO
 B – Been refused Registration? YES/NO

13. ARE YOU IN CORRESPONDENCE WITH FSA REGARDING ANY MATTER CONCERNING YOUR FSA REGISTRATION?
 CORPORATE OR PERSONAL YES/NO
 IF YES PLEASE GIVE DETAILS _____

14. HAVE FSA RAISED ANY QUERIES ON YOUR ACCOUNTS? YES/NO
 IF YES PLEASE GIVE DETAILS _____

15. HAVE ANY COMPANY OR UNDERWRITER EVER CANCELLED YOUR AGENCY OR IMPOSED BUSINESS RESTRICTIONS OR VARIATIONS TO THAT COMPANY'S STANDARD AGENCY TERMS? YES/NO
 IF YES please give details _____

PLEASE CONFIRM THAT YOU HOLD SEPARATE BANK ACCOUNTS, I.E. CONFIRM YOU HAVE AN IBA ACCOUNT AND A SEPARATE ACCOUNT FOR PRIVATE FINANCES OF THE COMPANY.

BANK DETAILS

- (i) OFFICE ACCOUNT - BANKERS NAME & ADDRESS: _____

SORT CODE: _____ ACCOUNT NO: _____
- (ii) CLIENTS ACCOUNT – BANKERS NAME & ADDRESS: _____

SORT CODE: _____ ACCOUNT NO. _____

ACCOUNTANTS

NAME _____
ADDRESS _____
PARTNERSHIP / SOLE TRADERS ONLY: ARE YOUR ACCOUNTS AUDITED EVERY YEAR? YES / NO
If NO, please outline auditing arrangements _____

NUMBER OF STAFF EXCLUDING DIRECTORS (i) Full Time _____ (ii) Part Time _____

PLEASE STATE THREE NON-LIFE COMPANIES WITH WHOM YOU HAVE AGENCIES:
(i.e. NOT Life Companies or Lloyd's Syndicates)

A _____ B _____ C _____

PLEASE GIVE DETAILS OF PROFESSIONAL INDEMNITY COVER, IF NO COVER IS IN FORCE PLEASE STATE WHY?

- A NAME OF INSURER: _____
B INSURERS ADDRESS: _____

C POLICY NUMBER: _____ D EXPIRY DATE: _____
E INDEMNITY COVER: _____ F SELF EXCESS: _____
G DOES COVER INCLUDE DISHONESTY OF THE INSURED'S PARTNERS OR DIRECTORS? _____
H DOES COVER INCLUDE DISHONESTY OF THE INSURED'S STAFF? _____
I ARE THERE ANY CIRCUMSTANCES KNOWN WHICH MIGHT GIVE RISE TO A CLAIM? _____
J (Non Registered Independent Intermediaries only)
Does the cover meet ABI requirements? (see extract from ABI code on Page 4) YES / NO
If NO, please give details _____

HAVE YOU OR ANY DIRECTOR, PRINCIPAL, PARTNER OR SENIOR EMPLOYEE (please delete as appropriate):

- | | | |
|----------|---|-----------------|
| A | Been involved in liquidation/bankruptcy proceeding (on You/His/Their own account, or in the account of any firm or company with which You/He/They were at the time connected as a Director, Principal or Partner) or had any judgement awarded against, You/Him/Them? | YES / NO |
| B | Ever traded under another title or titles? | YES / NO |
| C | Been dismissed from any office of employment or any representative position? | YES / NO |
| D | Currently any involvement in civil litigation either in your/his/their own account or on the account of any firm or company with which you/he/they has/have been connected as a Director, Principal or Partner? | YES / NO |
| E | Knowledge of any allegations of negligence against you/him/them or any firm or company with which You/He/They has/have been connected as a Director, Principal or Partner during the last ten years? | YES / NO |
| F | Had any order made against you/him/them under the Companies Act or the Insolvency Acts? | YES / NO |
| G | Had any High Court or County Court Judgements made against you/him/them and if so, so any remain unsatisfied? | YES / NO |
| H | Been convicted of any criminal offence (excluding driving offences) not treated as a spent conviction under the Rehabilitation of Offenders Act 1974? | YES / NO |

If you have answered **YES** to any question, please give full details below:-

I/We apply for an agency with P J Hayman & Company Ltd. and declare that the information given above is correct and that nothing has been withheld which might influence the acceptance of this application.

I/We agree that:

- 1. Accounts will be settled within the time scales imposed in the Terms of Business Agreement and the Accounts Department.**
- 2. A client's account will be maintained for premiums payable to the Company and such premiums are held in trust for the Company.**
- 3. I/We will advise the Company of any alterations in the above information.**

Signed _____ Name _____ Date ____/____/____

For and on behalf of
(please attach your official stamp)



Capacity of Signatory (please tick as appropriate)

Director:

Partner:

Sole Trader:

Other: _____