



Agency Application

I wish to apply for an agency with (please tick):

Commercial Risks (UK) Ltd

Troon Underwriting

Full company name
(including trading title):

Address:

Postcode:

Email Address:

Telephone Number:

Website Address:

Financial Standing

Share Capital: **GBP**

Distribution of Capital:

Company Registration Number:

FCA Reference Number:

Are you associated with any other firm of Insurance Brokers, intermediaries or Financial Advisers?

Yes

No

If Yes, Please provide details:

Is the Company associated with, owned or controlled by any other company not connected with the Insurance Industry?

Yes

No

If Yes, Please provide details:

Has any Director, Partner or Executive ever been declared bankrupt or been compounded by creditors?

Yes

No

If Yes, Please provide details:

Please state total number of staff in full and part time employment:

Please provide the name, address and postcode of your bankers:

Postcode:

Please provide the following details in relation to your Insurance Broking Account (IBA):

Account Number:

Sort Code:

Please provide the name, address and postcode of your accountants:

Is the Company or any Partner/Director/Principal a member of any professional insurance, financial services or related professional body?

Yes

No

If Yes, Please provide details:

Has any such application for membership or membership ever been refused, declined, withdrawn or cancelled or has any sanction, penalty, fine, notice or exclusion been imposed on the Company or any Partners, Director or Principal?

Yes No

If Yes, Please provide details:

Has any syndicate, insurance company or Lloyd's broker ever cancelled or refused your agency?

Yes No

If Yes, Please provide details:

Please state your estimated premium income for the next twelve months for the following classes of insurance

Commercial Property (ex Package)	GBP
Liability	GBP
Commercial Combined	GBP
Professional Indemnity Directors & Officers	GBP
Commercial Motor	GBP
Other Commercial	GBP
Private Household	GBP
Private Motor	GBP
Total Premium Income	GBP

Please provide any additional information that you consider material to your application

Please provide details of all Directors/Partners/Principles, including non-executive Directors/Silent Partners or Shareholders. Continue on separate sheet if necessary.

Name and Address	Qualifications	Number of years experience	Employer

Report & Accounts

In order to consider your application please also provide a copy of your latest audited report and accounts along with any brochures or promotional material which describe your activities and are relevant to your application.

Credit Terms

If our agency application is accepted we confirm that we acknowledge that we are responsible for the payment in full of any premiums or adjustments owed to CR/TR. We agree to remit all monies owed within thirty days of receipt of a CR/TR Account Statement.

Declaration

We warrant that the information given by us is true, complete and accurate in all respects. We undertake to advise CR/TR of any alterations to the information disclosed in this application within fourteen days of such alteration occurring.

We authorise CR/TR to make any enquiries that are deemed as necessary in connection with this application

TWO DIRECTORS OR A DIRECTOR AND THE COMPANY SECRETARY MUST SIGN THIS FORM

Signed

X

Date

Name (printed)

Position

Signed

X

Date

Name (printed)

Position

Troon Underwriting is a trading division of Commercial Risks (UK) Limited which is authorised and regulated by the Financial Conduct Authority for the conduct of Non Investment General Insurance business. Our firm's FCA reference number is 304286. We are registered in England, number 4452474.

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