

# AGENCY APPLICATION

Tradex Insurance Company Limited  
Agency Department, 1 Hall Street, Featherstone, Pontefract, West Yorkshire WF7 5LS  
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## **IMPORTANT**

- Ensure all questions are fully answered
- Enclose your latest financial reports or management figures (if reports are more than 12 months out of date)
  - Enclose a copy of your Professional Indemnity Policy Schedule
  - Post to the Agency address above

## 1. APPLICANT Full name of Individual, Partnership or Limited Company (including Trade Name if applicable)

Full Name:	
Business Address:	
Postcode:	
Telephone:	Fax:
Email:	

## 2. DIRECTORS, PRINCIPALS, PARTNERS, OWNERS

Full Name	Age	Director	Shareholder	Shareholding
Address		%	%	%
Postcode				
Professional qualifications/experience				

Full Name	Age	Director	Shareholder	Shareholding
Address		%	%	%
Postcode				
Professional qualifications/experience				

Full Name	Age	Director	Shareholder	Shareholding
Address		%	%	%
Postcode				
Professional qualifications/experience				

Full Name	Age	Director	Shareholder	Shareholding
Address		%	%	%
Postcode				
Professional qualifications/experience				

Are any Directors, Principals or Partners currently engaged in an other business or profession

Yes  No

If YES, please provide details
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### 3. THE BUSINESS

a. No. of staff employed	c. Type of premises
b. No. of years established	d. Freehold or Leasehold

### 4. REGULATORY BODIES AND TRADE ASSOCIATIONS

a. Are you a member of BIBA Yes  No

b. Is your company FCA approved Yes  No

If YES, date approved

Membership No

If NO, at what stage are you to become approved

c. Which person at your office is responsible for compliance?

Name	Age
Qualifications	

d. Do you disclose commission to your client on request Yes  No

e. Do you make any administrative charges in addition to the Insurers premium Yes  No

f. Do all documents issued by Insurers get handed over to clients Yes  No

g. What arrangements are in place to ensure staff comply with FCA training and competency requirements

h. What training/guidance has been issued to your staff to date in relation to FCA requirements

i. Are you a member of any broker networks Yes  No

If yes, please give details

### 5. PROFESSIONAL BODIES

Details of membership of any other professional bodies

### 6. PROFESSIONAL INDEMNITY INSURANCE

Insurers Name	Policy number
Renewal Date	Indemnity Limit £
	Excess Amount £

**Please enclose a copy of the PI Policy Schedule**

### 7. LIMITED LIABILITY COMPANY

a) Amount of the Paid Up share capital £	b) Company Registration Number
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c) Are there any Holding, Parent, Subsidiary or Associated Companies Yes  No

If YES please give details

## 8. GENERAL

- a. Has your application for an agency ever been cancelled or declined by any Insurer Yes  No
- b. Have any of the Directors, Principals, Partners or Senior Employees ever been convicted of a criminal offence (other than a driving offence) not treated as spent under the Rehabilitation of Offenders Act 1974 (as amended)? (N.B. It is a condition of the Agency Appointment that the Company is informed of any such conviction during the lifetime of the Agency) Yes  No
- c. Has the Applicant or any Director, Principal, Partner or Senior Employee been involved in any Liquidation or Receivership or Bankruptcy Proceedings or set up an Individual Voluntary Arrangement (IVA). Yes  No
- d. Has the Applicant or any Director, Principle, Partner or Senior Employee had any Order made against them under The Companies Act or the Insolvency Act. Yes  No
- e. Has the Applicant or any Director, Principle, Partner or Senior Employee had any High Court or County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions. Yes  No
- f. Is the Applicant or any Director, Principal, Partner or Senior Employee currently involved in any civil litigation Yes  No

If YES to any of the above, please give full details

## 9. BANKERS AND ACCOUNTANTS

Bankers Name and Address

Accountant's Name and Address

## 10. IBA/CLIENTS BANK ACCOUNT

Do you hold all premiums received in a specially designated bank account entitled, Clients A/C, Statutory or Non Statutory Trust? Yes  No

If YES, give name of Bank, Sort Code and Account Number

Bank

Sort Code

Account Number

What is the actual title of the Account shown on the cheque book

## 11. SELLING PROCEDURES - NEW BUSINESSES

What sales methods are employed by your business

Counter Sales	<input type="checkbox"/>	<input type="text"/>	%
Telephone Sales	<input type="checkbox"/>	<input type="text"/>	%
Visits to customers	<input type="checkbox"/>	<input type="text"/>	%
Mail shots/advertising	<input type="checkbox"/>	<input type="text"/>	%
Web/Internet	<input type="checkbox"/>	<input type="text"/>	%
Other Specify		<input type="text"/>	%

## 12. COMPUTER

Software Supplier				
What does it provide	Quotations	Point of sale documentation	EDI	Other facilities
Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other - specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 13. INSTALMENT FACILITES

Do you offer instalments	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Your own limited period instalments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Deposit	<input type="text"/> %	Balance over <input type="text"/> months
				Instalment fee per transaction £ <input type="text"/> fixed/variable
Your own "bankers order" facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interest	<input type="text"/> %	Payable over <input type="text"/> months
Your own direct debit facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interest	<input type="text"/> %	Payable over <input type="text"/> months
Third part direct debit facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, name provider <input type="text"/>

## 14. UNINSURED LOSS/BREAKDOWN/ADD-ONS

Do you offer		Mandatory basis	Voluntary basis	Name of provider
1) Motor Uninsured Loss	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2) Motor Breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3) Personal Legal Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4) Warranty/Breakdown	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5) Other	<input type="text"/>			

## 15. CONTACT PERSON(S)

Please give us names of persons at your business who we can contact

Name _____	Name _____
Tel _____	Tel _____
Position _____	Position _____
Email _____	Email _____

**16. FINANCIAL REPORTS/MANAGEMENT FIGURES**

Please enclose a copy of your latest financial report or management figures if the reports are more than 12 months out of date

**17. DECLARATION**

I/we hereby apply to the Company for Agency facilities. I/we declare that to the best of my/our knowledge and belief the particulars given above are true and complete in every respect. If appointed we agree to abide by the terms of the standard Agency Agreement, a copy of which is annexed hereto, and to confirm to all reasonable instructions concerning the same received from the Company or its duly appointed officers and representatives.

Signature \_\_\_\_\_

Title \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Account authorised: TX  Appointed by \_\_\_\_\_ Entered

## APPENDIX A

Class of Business	Number of Policies currently held	Gross Premium Income	Delegated Authority (state class of insurance)	Claims Handling Authority (Yes/No)	Your three main insurers for each class of business		
Combined Motor Trade Packages £5K+ premium							
Combined Motor Trade Packages £1K - £5K premium							
Road Risks only							
Self Drive Hire							
Fleets							
Catering vehicles/ Ice Cream Vendors							
Taxi/Private Hire							
Courier							
Converted coaches/Mobile Homes							
Homefleet							
Motorcycles							

## ADDITIONAL INFORMATION