

Producing Broker Application Form



The purpose of this form is to fulfil our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you. We wish to work only with those who are committed to our standards and we will undertake due diligence to ensure this.

Throughout our operations we maintain systems and controls for compliance with applicable requirements and standards under regulatory systems worldwide. Importantly, this includes policies and procedures for countering the risk of becoming involved in financial crime. We maintain a policy of zero tolerance towards bribery and corruption in all forms, whether directly or through third parties.

Please complete all sections of the application form.

Once completed, please return the form either:

1. By post to:

**Pen Underwriting
The Galleria
Station Road
Crawley
West Sussex
RH10 1WW**

2. By email to:

agency.uk@penunderwriting.com

Please confirm the following:

- I/We hereby make an application to become an agent of Pen Underwriting.
- I/We enclose a copy of our most current Professional Indemnity Insurance certificate.
- I/We attach a copy of our Group structure chart showing our ultimate parent company together with any subsidiary and affiliated companies.
- I/We attach a copy of our most recent Report and Accounts and Group Report and Accounts where relevant.

Section 1 – Company Details

Please fill in all sections.



Company Name

Trading Name (if applicable)

Country of Registration & Company Registration Number (if applicable)

Date established

Organisation Type /Legal Status (please tick one)		
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Unincorporated Assoc
<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> LLP
<input type="checkbox"/> Other please state: _____		

Trading Address		
		Postcode
Telephone Number		

Registered Office		
		Postcode
Telephone Number		

Website Address

Principal Business Activity

Primary Contact Name and Email Address

Please list below the name of Key Personnel, Principals, Directors, Partners or controllers in your business (a controller is a person who: (a) holds 20% or more of the shares or voting power in your firm, or in a parent of your firm; or (b) holds shares or voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm):

Title/Forename/Surname	Date of Birth	Address	Position Held	Time with the firm

Section 2 – Regulatory Information

Please fill in all sections.

		Yes	No
Are you registered with the FCA? (if yes, please provide your FCA number; if no, please provide your regulatory authority you are registered with below together with the related registration number)			
FCA Number:			
Other Regulatory Authority:			

If you are an appointed representative please state your Principals name and FCA number:

		Yes	No
Are you authorised to hold client money? (if yes, please indicate below whether it is held in a statutory or non-statutory account)			

		Yes	No
Please confirm that any RMAR and Client Money obligations have been met			
Please confirm that all Financial Sanctions and Anti-Bribery & Corruption checks are in place with any exceptions having been fully investigated			

Section 3 – Additional Company Information

Please fill in all sections.

		Yes	No
Are you registered under the Consumer Credit Act? (if yes, please provide details below including licence number)			

		Yes	No
Are you registered under the Data Protection Act? (if yes, please provide details below)			

Section 3 – Additional Company Information (continued)

	Yes	No
Do you have more than one branch that requires agency facilities (excluding any Appointed Representatives)? Please provide full address and contact details below		

What software system do you currently use?

Are you a member of a Network or Affinity Group? (if yes, please specify the name and your membership status)

Section 4 – Professional Indemnity

Please fill in all sections.

	Yes	No
Do you currently hold professional indemnity insurance? (if yes, please attach a copy of your P.I. certificate) - *PLEASE NOTE THE APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION*		

Section 5 – Sales Information

Please fill in all sections.

Please provide details of the Gross Written Premium (GWP) for the types of general insurance that you currently provide:	
What is your total Gross Written Premium?	£
What is the Commercial split?	£
What is the Personal split?	£

Section 6 – Business Continuity Planning

Please fill in all sections.

	Yes	No
Do you have a business continuity plan in place that meets FCA requirements? (if yes, please provide details below of when this was last tested or when it is due to be tested)		

Section 7 – Pen Underwriting Products

Please fill in all sections.



Please indicate below the reason as to why you would like to do business with Pen Underwriting and those products that you wish to access:

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Please indicate the level of GWP you anticipate providing Pen Underwriting in your first year of trading with us:

£

Section 8 – Bank Details

Please fill in all sections.

Business Account Details

Bank Name			
Bank Address		Postcode:	
Your Reference			
Account Name			
Account Number			
Sort Code			
SWIFT Code			
IBAN			

Client Money/Fiduciary Funds Account Details (if applicable)

Bank Name			
Bank Address		Postcode:	
Your Reference			
Account Name			
Account Number			
Sort Code			
SWIFT Code			
IBAN			

Section 9 – Declaration

Please fill in all sections.



Has any Director, Partner, Proprietor or Manager personally or by association:

If any of the below questions are answered as 'Yes', please provide further details in the box provided.

	Yes	No
Been convicted of a crime involving dishonesty or breach of trust?		
Been charged with or convicted of a criminal offence other than a minor motoring offence in the last twelve months?		
Been disqualified under company law?		
Been found liable for negligence, fraud, wrongful trading or malpractice in connection with business activity?		
Been declared insolvent, bankrupt or made any similar arrangement with creditors?		
Been refused membership, censured, fined, disciplined, suspended, or expelled by any insurance industry regulatory body or trade association?		
Had a licence, authorisation or registration to conduct insurance business suspended, withdrawn or not renewed?		
Has your company been involved in any legal/court proceedings in the last 12 months?		
Is your firm or any Director, Principal, partner or key member of staff a specifically designated person under a financial sanction regime, or the subject of sanctions targets as designated by the US Office of Foreign Assets Control, the European Union, or HM Treasury?		

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Producing Broker (see 'Terms' below).

- I declare on behalf of the Producing Broker that, to the best of my knowledge and belief, the information contained in and attached to this application information is accurate, complete, up-to-date and purports to be comprehensive and not misleading.
- I acknowledge and agree on behalf of the Producing Broker that any information provided pursuant to the application constituting personal data may be stored at and/or processed in accordance with our Privacy Statement (available on request).
- I acknowledge that, where circumstances lead Pen Underwriting to suspect bribery, corruption, or other financial crime in relation to business with the Producing Broker, additional due diligence may be carried out and further steps taken, including, the notification to the relevant authorities, status and credit checks using credit reference agencies, and other background checking, as deemed appropriate.
- I undertake to immediately advise Pen Underwriting of any material changes to information contained within this questionnaire, being matters of which Pen Underwriting would reasonably expect notice.

Name	
Position	
Signature	
Date	

