



DISTRIBUTOR APPLICATION FORM



Thank you for applying to become a Distributor for Pen Underwriting

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.

To enable us to process your application quickly and efficiently please complete all sections of the application form.

Once completed, please return the form and the supporting documents to our agency team at:

agency.uk@penunderwriting.com

Please confirm the following:

☐ I/We hereby make an application to become a Distributor for Pen Underwriting.

Please enclose the following documents:

- ☐ Your Current Professional Indemnity Insurance certificate.
- ☐ Your Anti Bribery, Corruption and Whistleblowing processes.
- ☐ Your Most recent Report and Accounts (and Group Report and Accounts where relevant).
- ☐ Your Business Continuity Plan(s)
- ☐ Your Complaints handling processes
- ☐ Your Product Governance Processes
- ☐ Your Financial Crimes and Conflicts of Interest Processes

Please enclose the following documents (if applicable):

- ☐ A copy of your regulatory license certificate (if located outside of the UK)
- ☐ A copy of your Corporate/Company license certificate (if located outside of the UK)
- ☐ Group structure chart showing our ultimate parent company together with any subsidiary and affiliated companies.
- ☐ Current Errors and Omissions Insurance Certificate
- ☐ Current Directors and Officers Insurance Certificate
- ☐ Current Fidelity Insurance Certificate
- ☐ Current Governance and Oversight Processes for Appointed Representatives.

Please fill in all sections.

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 25% 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):

[illegible]

Section 2 - Regulatory Information

Please fill in all sections.

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

	Yes	No
Do you have any Appointed Representatives (AR's) or Introducers AR's (IAR's) ?		
If Yes, how many AR's or IAR's do you currently hold relationships with? Please provide the requested details in Section 6		
Do you have more than one branch that requires agency facilities (excluding any Appointed Representatives)? Please provide details in Section 6		

	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)		
Statutory Account <input type="checkbox"/> Non-Statutory Account <input type="checkbox"/>		

	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		
Do you currently hold Professional Indemnity insurance?		
Do you currently hold Errors & Omissions Insurance?		
Do you currently hold Directors & Officers Insurance?		
Do you currently hold Fidelity Insurance?		

	Yes	No
Do you have a business continuity plan in place that meets regulatory requirements?		
If Yes, please confirm when this was last tested or when it is due to be tested		

	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?		
Have you had any identified Data breaches in the last 12 months? (if Yes, please provide details in Section 7)		

	Yes	No
Can you confirm you have a Vulnerable Client policy in place?		
Can you confirm that your staff are provided with suitable training and resources to enable and recommend products based on Target Market Statements?		
Can you confirm that your organization has suitable conduct risk processes in place ensure delivery of positive client outcomes?		
Can you confirm that your organization has defined Treating Customers Fairly policies in place?		
Can you confirm that your organization has suitable measures in place to review Target Market Statements and fair value documents at least annually?		
Can you confirm that suitable controls are in place to ensure that all products are being delivered to the Target Market, the coverage is suitable for the Client and the distribution strategy is appropriate, as per the Target Market Statement?		

Section 3 - Remuneration

Please fill in all sections.

	Yes	No
Do you offer premium finance to Clients?		
What are the minimum and maximum Annual Percentage Rate charged to Clients under the Premium Finance arrangement?	Min	
	Max	
Do you have an administration fee for Clients?		
If applicable, what is your average administration charge to Consumers?	£	
If applicable, what is your average administration charge to Commercial clients?	£	
Can you confirm you are compliant with SYSC 19F.2 IDD remuneration incentives?		

Section 4 - Sales Information

Please fill in all sections.

Do you subscribe to a Software House to conduct E-traded Business

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

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?	£

Please indicate below the reason as to why you would like to do business with Pen Underwriting and the products you would like to access under your agency	
Please indicate the level of GWP you anticipate providing Pen Underwriting in your first year of trading with us:	£

Section 5 - 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 6 - 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 Distributor see 'Terms' below).

- I declare on behalf of the Distributor 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 Distributor 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 Distributor, 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	

Section 7 - Additional information

If you have additional branches to be included within your Distribution arrangement with Pen Underwriting then please provide details below:

Branch Name	Address	Telephone No	Key Contact	Key Contact Email

- If additional space is required then please provide details separately

If you have Appointed Representative(s) and/or Introducer Appointed Representative(s) then please provide details below and include a copy of your Governance and Oversight framework/ processes:

Legal Entity Title	FRN	Registered Address	Length of Appointment (Years)	Key Contact Email

- If additional space is required then please provide details separately

If you have any additional information regarding your application then please include below:

