KGM MOTOR | MULTICAR INSURANCE SERVICES

ADVANTAGE
AGENCY APPLICATION

ADVANTAGE MULTI CAR INSURANCE SERVICES AGENCY APPLICATION

Note: You should complete this form if you are a Broker Network Advantage Member only. When complete email to **agency@multicarinsuranceservices.co.uk**. For general enquiries and to register if you are a Broker Network Premier member, then please call **0121 248 3725**.

BUSINESS DETAILS	
Registered name:	
Additional trading name(s):	
Company registration number:	
Business address:	
Business telephone:	Landline: Mobile:
Email:	
Accounts contact name, phone number and email address:	
Registered address (if different from above):	

DETAILS OF DIRECTORS, PARTNERS OR PRINCIPAL				
Name	Private address & telephone number	Age	Professional qualifications	Date of joining business
Date company established:				
Number of staff employed in the business:				
Give details of any holding, subsidiary or associated companies:				

BANKING DETAILS

Are you a member of a Network for insurance broking?	Yes		No	
Name and address of Network:				
Do you hold client money (and have regulatory permission to do so):	Yes		No	
If holding client money, can you confirm that premiums collected on behalf of insurers will be kept in a separate bank account and held in trust pending settlement of their accounts?	Yes		No	
If not holding client money, do you operate an insurers' risk transfer account and do you make your customers aware that risk transfer is in place?	Yes		No	
Name and address of bank:				
Account number (both client and business account):				
Sort code (both client and business account, if different):				
How long have you held an account with your bank in this business name?				

PROFESSIONAL STATUS
The following details relate only to the applicant. Do not include details of any holding, subsidiary or associated companies.

Are you authorised by the Financial Conduct Authority?	Yes		No	
If the answer to the above question is YES, please state your Firm Reference Number:				
Give details of any professional bodies to which you belong:				
Has the applicant or any Director, Partner or Principal of the applicant:-				
Had any agency or similar agreement with any insurer refused or cancelled or had credit terms withdrawn?	Yes		No	
Been subject to disciplinary proceedings instituted by any professional or regulatory body?	Yes		No	
Been convicted of any criminal offence other than a minor motoring offence?	Yes		No	
Been subject to a County Court judgement or order?	Yes		No	
Been adjudged bankrupt, subject to a receiving order, entered into an arrangement with creditors or been involved with any business which has gone into liquidation, or is any such matter pending?	Yes		No	
Any other business interests not disclosed in this application?	Yes		No	
If the answer to any of these question is YES, please give details:				

PROFESSIONAL INDEMNITY INSURANCE

Do you hold Professional Indemnity Insurance? If YES, please state:	Yes		No	
Name of insurer:				
Policy number:				
Limit of indemnity:				
Excess applicable:				
Expiry date:				

In respect of any current or previous professional indemnity insurance or proposal:				
In the last five years, have there been any incidents resulting in a claim against you for negligence, errors or omissions involving Professional Indemnity Insurers or otherwise?	Yes		No	
If the answer to above question is yes, please give details:				

DECLARATION

I/We hereby apply for agency facilities with Multi Car Insurance Services and:
a) Confirm that to the best of my/our knowledge and belief that the information supplied is true and correct and nothing has been withheld which influence this application
b) Agree to accept and abide by the Terms of Business Agreement which forms the basis of this agreement
c) Agree to advise Multi Car Insurance Services of any material changes to the information supplied in the this agreement

Date	Name	Position

Authorised signature:

OFFICE USE ONLY

Due Diligence – Licensing and Permissions Checklist				
Complete:	Yes		No	
Application Approval				
Authorised signature:				
Application Approved:	Yes		No	
Broker added to Sub Broker Register:	Yes		No	
System Setup				

Broker Agent Number:	Broker Reference Number:	Broker Reference Number:

Internal Finance Informed:	Yes		No	
Signed TOBA received from broker:	Yes		No	
Completed By:		Date:		Signed: