



Insurance Intermediary Application Form

QUINN-Insurance Limited. (hereafter called QUINN-Insurance)

Please read and sign the terms & conditions of appointment, which are part of this insurance intermediary application form.

Business Details

1.a	Full Trading Title:					
	Registered No:		Tax Reference No:			
1.b	Type of Business:	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Other <input type="checkbox"/>	
1.c	Who are the beneficial owners of the business:					
1.d	Address from which the business is conducted:					
	Telephone No:		Fax No:		E-mail address:	
	Registered office (if different):					
	Website address:					

2.a	Date business commenced:	
2.b	Date the business was incorporated:	
2.c	Date of financial year end:	
2.d	Annual gross general insurance premium income:	
2.e	What % of this represents commercial business: (not motor)	
2.f	What % of this represents commercial vehicle and fleet?	

3.a	For reference purposes, please supply the name & address of your Principal Bank:	Bank Name:	
	Bank Address:		
	Your own Bank Account Number and Sort Code:		
	Client Premium Account Number and Sort Code:		
	Section 52 Account Number and Sort Code (ROI applicants only):		
3.b	Are all premiums collected on behalf of Insurers kept in a separate bank account and held in trust pending settlement of their accounts:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.c	Name & address of your solicitor/legal advisers:		
3.d	Name and address of your accountants/auditors:		

4.	Please state the total number of staff employed in your firm (including all Directors, Principals or Partners):	
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5.	Please provide details of how you intend to submit quotations to Quinn-Insurance:	
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Regulated Status

1.	Has the applicant received 'Grant of Permission' from IFSRA/FSA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES, please give reference number:		
	If NO, please give details of applicant's status:		
	What type of Investment intermediary are you authorised to trade as (ROI applicants only):		
	Authorised Advisor _____ . RAIP _____ . Authorised Cash Handler _____ .		

2.	Give details of any associations or professional bodies to which the business belongs:	
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3.	Has the applicant or any director, partner, proprietor or controller of the business ever had membership of any professional body, Statutory or Non Statutory Regulator (e.g. PIA etc.) refused or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES, please give full details:		

Cont/d ...

Regulated Status Cont/d ...

4. Please give the following details in connection with all Directors, Principals, Shareholders or Sole Owners:					
Full Name	Capacity in Company: Director, Principal, Shareholder or Sole Owner	Position & Time involved with the business on a day to day basis, i.e. full-time or part-time	Professional Qualifications	If engaged in the Company less than five years, give employment details for the five years immediately preceding present position.	
A					
B					
C					
D					
E					

5. Has the applicant or any persons listed above or any Organisation in which they have previously held a managerial position: -					
5.a	had, or is aware, of any circumstances which may result in, any agency or similar agreement with any insurer being refused or cancelled or had credit terms refused or withdrawn?	Yes	No		
5.b	been, or is aware of any circumstances, which may result in being subject to disciplinary proceedings instituted by any professional or regulatory body?	Yes	No		
5.c	been, or is aware of any circumstances, which may result in being convicted of any criminal offence other than a minor motoring offence?	Yes	No		
5.d	been, or is aware of any circumstances, which may result in being subject to a County Court judgement or debt collection order?	Yes	No		
5.e	been, or is aware of any circumstances which may result in being judged bankrupt or subject to a bankruptcy or insolvency petition or a receiving order, the appointment of an administrator or trustee or entered into an arrangement with creditors?	Yes	No		
5.f	been, or currently involved with any business interests not disclosed in this application?	Yes	No		
If the answer is Yes to any of the above questions please provide full details below:					

Professional Indemnity Insurance					
1.	Do you hold current Professional Indemnity Insurance? (if Yes complete items ae below)	Yes	No		
1.a	Name of Insurer				
1.b	Policy number	1.c	Renewal date		
1.d	Limit of Indemnity	1.e	Excess applicable		
2. In respect of any current or previous insurance proposal:					
2.a	Has any Insurer cancelled, refused to renew or required special terms or increased premiums?	Yes	No		
2.b	Has any proposal been declined?	Yes	No		
	If Yes, give details				
3.	In the last five years, have there been any accidents resulting in a claim against the applicant or any director, partner, member, proprietor or controller of the business for negligence, errors or omissions involving Professional Indemnity insurers or otherwise?	Yes	No		
	If Yes, please give details				
4.	Please list below any non life agencies you hold at present:				



Cont/d ...

Additional Information

Please enter below any additional information to support and to assist us when considering your application:

Declaration

I/We, the director(s), apply to be appointed as an Insurance Intermediary of QUINN-Insurance in respect of General Insurance business on the basis of the Terms and Conditions of Appointment forming part of this application and any commission terms applicable. I/We understand that QUINN-Insurance may take up references in connection with the application. I/We agree to provide copies of our accounts upon request.

Data Protection Notification

We may use the personal details you give us, or which are supplied by third parties, to administer your agency with us, to search the files of credit reference agencies (who keep a record of the search) and for compliance business reviews. We may also share your details with the appropriate regulatory authorities and our insurers. In order to provide you with products and services this information will be held in the data systems of the Quinn-Group or our agents or subcontractors.

Name of Authorised Signatory:

Position in Company:

Signature:

Date of Signing: