

Insurance Intermediary Application Form

QUINN-Insurance Limited (Under Administration). (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):			
5.	Please provide details of how you intend to submit quotations to Quinn-Insurance:			
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	RAIPI	Authorised Cash Handler	
2.	Give details of any associations or professional bodies to which the business belongs:			
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 ...				

