

Agency Application Form

**To become an
Appointed
Representative
of Towergate
Partnership**

This application form is intended for all agents that would like to be considered for Appointed Representative status on behalf of Towergate Partnership.

Please fill in all sections of the application form.

Once completed, please return the form either

1. By post to

Towergate Partnership,
2 County Gate,
Staceys Street,
Maidstone ME14 1ST

2. By email to agency@towergate.co.uk

3. By fax to 01622 766229

Please note the following information.

- I/We hereby make application to become an Appointed Representative (AR) of Towergate Partnership.
- I/ We have highlighted in section 8 the products that we wish to act as an AR for.
- I/We will update Towergate Underwriting Group Limited of any changes in our business and the persons involved in selling and advising of general insurance that is relevant to this agreement.
- In connection with this application, Towergate will carry out a search with Experian, a licensed Credit Reference Agency, and may also ask Experian to check all or any of the application details I/we have submitted. I/we hereby expressly consent to such search or check. Should this application be successful, I/we agree to adhere to and be bound by Towergate Underwriting Group Limited's terms and Conditions of membership.
- I/We attach a copy of the last 3 years **FULL** audited accounts in order that the application process can proceed or if a start-up company, I/We attach a set of Management Accounts or a Business Plan.
When submitting the accounts, please could you ensure that Insurance Debtors, Creditors and IBA Funds are shown separately. If this information is not included in the body of your financial statements, please could you attach a separate schedule. We shall also be checking for solvency margins to be in line with FSA proposals and net worth to be positive while goodwill is treated according to best practice.

FOR OFFICE USE ONLY

Towergate Division

RCO

Section 2 – Additional Company Information

Are you associated with any other firm of brokers or intermediaries?

Yes No

If yes, please provide details

Are you associated with, owned or controlled by any other company NOT connected with the insurance industry?

Yes No

If yes, please provide details

Do you have more than one branch that requires agency facilities?

Yes No

If yes please attach details.

Are you registered under the Consumer Credit Act ?

Yes No

If yes, please give your registration number

Are you registered under the Data Protection Act ?

Yes No

Do you have a business continuity plan in place?

Yes No

When was this last tested or when is it due to be tested?

Section 3 – Sales Information

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?

£

How is that split between

Personal?

£

Commercial?

£

Commercial Motor?

£

How is the Personal split between

Private Car?

£

Houshold?

£

Other?

£

How is the Commercial split between

Property?

£

Liability/CAR?

£

Other?

£

Specialist schemes (please give details)

Please indicate your current sales methods: %

Counter sales

Telephone sales

Sales visits to customers

Direct sales without contact

Internet sales

Sub agent sales

How did you hear about the Towergate Partnership?

Section 4 – Financial Services Authority Registered Details

Are you a currently regulated by the FSA for any activities?

Yes No

If yes, please provide company FSA registration number:

Is your company ever been regulated by the FSA and had their regulatory status revoked?:

Yes No

If yes, please give details

Has your company currently regulated under the FSA as an Appointed Representative?

Yes No

If yes, please give your company Appointed Representative registration number:

Please confirm the Lead Principal's company name and FSA Registration Number:

If you have more than one Principal, then please confirm whether there is a Multi principal agreement in place.

Yes No

If yes please, attach a copy to this application

Please list the products that you currently sell on behalf of this principal:

We will need to provide the following information to the FSA who keep a public record of authorised firms and appointed representatives.

Main contact name of appointed representative that will appear on the register

Title:

Forename:

Surname:

What is your firm's main activity? Cross one box only

Financial Services

Motor

Dealer (Includes commercial vehicles, motorcycles and scooters, new and used vehicles)

Hire/Lease of Vehicles

Mobility & Access equipment/ Vehicles

Other

Associations or Institutions

Utilities

Trade Union

University

Housing Association & Trust

Trade Body

Sports Club & Association

Other

Legal Status of firm

Please tick one of the following that best describes the legal status of your business

Sole Trader

Limited liability partnership

Unincorporated association

Limited partnership

EEA branch

Private limited company

Non-EEC branch

Public limited company

Partnership (other than limited liability)

Other

Do you trade overseas?

Yes No

If Yes, please state where

Retail

Electrical Appliance Retailer

Furniture Retailer

Mobile Telephones

Sports Equipment

Caravans and Mobile Homes

Other goods (e.g. photographic, coin & stamp dealers)

Service Sector

Travel (e.g. booking accommodation & holidays)

Supermarket

Veterinary Surgeon

Removals (e.g. domestic, business & overseas)

Property Management (including overseas)

Other Services (e.g. Post Offices, hire services, loss assessor, authorised professional firms)

Other

Section 5 – Bank Details

Contact Name:

Name of Bank:

Address:

Postcode:

Account Number: Sort Code:

Section 6 – Accountants/Auditors

Contact Name:

Company Name:

Address:

Postcode:

Section 7 – Personal Declaration

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

Any agency with any insurer refused or cancelled for any reason other than lack of support?

Yes No

Been subject to any disciplinary proceeding by the IBRC or any other professional body?

Yes No

Been subject to any criminal offence (other than motoring) not regarded as spent under Rehabilitation of Offenders Act 1974?

Yes No

Been subject to County Court Judgement or Order?

Yes No

Been adjudged bankrupt, subject to receiving order, entered into an agreement with creditor or been involved with any business that has gone into liquidation or is any such matter pending?

Yes No

If YES, please provide details:

Section 8 – Townergate Partnership Products

Please tick the boxes below to indicate the products you would like access to within Townergate Partnership:

- | | | |
|---|--|--|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Guarantee Facilities | <input type="checkbox"/> Personal Protection |
| <input type="checkbox"/> Caravans and Park Homes | <input type="checkbox"/> High Net Worth Household | <input type="checkbox"/> Photographic Professionals |
| <input type="checkbox"/> Coach and Bus Travel Insurance | <input type="checkbox"/> Holiday Homes | <input type="checkbox"/> Pleasurecraft and Marine Trade |
| <input type="checkbox"/> Commercial Lines | <input type="checkbox"/> Household Standard Specialists and Let Property | <input type="checkbox"/> Practitioners Liability |
| <input type="checkbox"/> Commercial Schemes | <input type="checkbox"/> Liability | <input type="checkbox"/> Professional Indemnity |
| <input type="checkbox"/> Commercial Vehicle/Mini Fleet | <input type="checkbox"/> Licensed Trades | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Credit Insurance | <input type="checkbox"/> Medical Professions | <input type="checkbox"/> Specialist Motor Vehicles |
| <input type="checkbox"/> Entertainment/Event | <input type="checkbox"/> Military | <input type="checkbox"/> Sports Clubs |
| <input type="checkbox"/> Farm & Agricultural | <input type="checkbox"/> PA & Travel | <input type="checkbox"/> SME |
| <input type="checkbox"/> Golf Clubs and Golf Equipment | | <input type="checkbox"/> Tour Operators and Affinity Groups Travel |

You can benefit from increased commission levels from Towergate Partnership depending on the amount of business you write across the Group.

Please indicate the level of GWP you anticipate providing to Towergate Partnership for year one:

- Below £5,000
- Between £5,000 and £10,000
- Between £10,000 and £20,000
- In excess of £20,000

Section 9 – Declaration

- I/We hereby make application to become an Agent of Towergate Partnership
- I/We have highlighted in section II the products that we wish to act as an Agent for.
- I/We will update Towergate Partnership of any changes in our business and the persons involved in selling and advising of general insurance that is relevant to this agreement.
- I/We attach a copy of the last 3 years of our audited accounts in order that the application process can proceed.
- I/We hereby agree that Towergate partnership follow up references in assessing suitability for agency status
(Please fill in details of two references)

Referee 1

Contact Name:

Company Name:

Address:

Telephone number:

Referee 2

Contact Name:

Company Name:

Address:

Telephone number:

- I/We confirm that the information declared is true and that any other relevant information has not been withheld.

Name:

Position:

Signature:

Date: