

# Agency Application Form

**For agents who are  
Full FSA Members**

This application form is intended for all agents that are full members of the FSA.

Please fill in all sections of the application form.

**Once completed, please return the form either**

**1. By post to**

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

**2. By email to** [agency@towergate.co.uk](mailto:agency@towergate.co.uk)

**3. By fax to** 01622 766229

Please confirm the following:

- I/We hereby make application to become an Agent of **Towergate Partnership**
- 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 hereby agree that **Towergate Partnership** may follow up references in assessing suitability for agency status. (Please fill in details of two referees)
- In connection with this application, **Towergate Partnership** 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 any such search or check. Should this application be successful, I/we agree to adhere to and be bound by **Towergate Partnership'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.



## 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

Please provide the names of all Lloyds brokers you use or have used

Do you have existing direct facilities with Lloyds Syndicates?

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.

What software system do you use?

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

If yes, please give your registration number

## Section 3 – Professional Indemnity Insurance

Do you currently hold any professional indemnity insurance?

Yes  No

If yes, please attach a copy of your PI certificate

**Please note the application will not be processed without this information**

## Section 4 – 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?

£

Household?

£

Other?

£

How is the Commercial split between

Property?

Liability/CAR?

Other?

How is the Commercial Motor split between

CV?

Fleet?

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 5 – Financial Services Authority Registered Details

Are you a fully authorised member of the FSA?

Yes  No

Please provide your FSA number:

Please indicate the scope of permissions you have under the FSA.

- Introducing business
- Advising customers on non-investment insurance contracts
- Arranging (bringing about) deals in non-investment insurance contracts
- Making arrangements with a view to transactions in non-investment contracts
- Assisting in the administration and performance of a non-investment insurance contract
- Hold client money

Please indicate your preferred relationship with Towergate Partnership:

- We would like to provide advice on all products
- We would like to distribute product literature on an introducer basis only

Have you undergone any formal regulatory audit?

Yes  No

If yes provide details, and information re any subsequent (or pending) enforcement and/or remedial actions that were (are) required

Has your company ever been regulated by the FSA and had their membership revoked?

Yes  No

If yes, please give details:

Under the FSA are you acting as a principal for sub agents with an Appointed Representative status?

Yes  No

If yes, please attach details to this application.

If appointed a fully authorised Towergate Partnership agency, will you be distributing the Towergate Partnership products through your Appointed Representatives?

Yes  No

## Section 6 – Business Continuity Planning

Do you have a business continuity plan in place that meets FSA requirements?

Yes  No

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

## Section 7 – Bank Details

Contact Name:

Name of Bank:

Address:

Postcode:

Account Number:

Sort Code:

## Section 8 – Accountants/Auditors

Contact Name:

Company Name:

Address:

Is client money held in a Statutory or Non Statutory Account? (Please delete as appropriate).

Yes  No

## Section 9 – 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:

As part of our Agency appointment checking procedures we may run credit checks. Please tick box to confirm your acceptance

## Section 10 – Towergate Partnership Products

Please tick the boxes below to indicate the products you would like access to within Towergate 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 11 – Declaration

### Referee 1

Contact Name:

Company Name:

Address:

Telephone number:

### Referee 2

Contact Name:

Company Name:

Address:

Telephone number:

- I/We have read the notes on the front page and enclose all information requested.
- I/We confirm that the information declared is true and that any other relevant information has not been withheld.
- I/We do not object to receiving sales/marketing telephone calls or correspondence from Towergate Partnership

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_