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## AGENCY APPLICATION FORM

1. Name of Company/Individual/Partnership

2. Trading Name

4. Registered Address

5. Correspondence Address  
 (if different)

3. Date Established

**If you have other branches please attach a list.**

6. Telephone No:-

Fax No :-

Email address :

7. Names of Subs/Ass/Parent Company(ies).

8. Please give the following details of all Directors/Partners

Name	Qualifications	Experience	Job Function

9. Are you directly regulated by the FSA?

If YES, please give your FSA Firms reference number and enclose a copy of your Grant of Permission letter from the FSA.

If NO, are you an Appointed Representative?

If YES, please give the name of the Firm for whom you are an appointed representative and enclose a copy of their Grant of Permission letter from the FSA.

10. Do you obtain business from:

a) Appointed Representatives?

b) Introducer Appointed

11. Do you place business for other Intermediaries?

12. Have you (if a sole trader) or any partner (if partnership) or any director (if a company):

a) become bankrupt or had a receiving order made against you

b) ever made any composition or entered into any deed or arrangement with creditors

c) ever been convicted of any criminal offence?

(It is not required to include motoring convictions (other than those resulting in disqualification or imprisonment) nor convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.)

13. Have you, any partner/director, of your firm, ever had an agency cancelled, terms imposed or any application for any agency refused?

If you have answered YES to any of Questions 10 to 13 please give details below

14. Please give approx Premium Income for the following classes of business for the last 12 months:

	DIRECT	SUB-AGENCY
a) Commercial & Industrial	£	£
b) Other	£	£

15. Do you operate from:- Home, a Shop Front location, or an Office?

16. Name & Address & sort code of your Bankers.

17. a) Do you keep Client monies in a Statutory or Non-Statutory Trust A/c?

b) What type of Bank account do you keep Insurer monies?

18. Please give the names of your top 5 General Business Agencies:-

1.	2.	3.	4.	5.

19. How many agencies do you hold in Total?

20. Do you give more than 15% of your business to any one Company?

If YES, who

what %

21. Please attach a copy of your last signed audited accounts and where applicable a copy of your most recent draft year end accounts.

22. Please give details of your Professional Indemnity Insurance.

Insurer	L.O.I £	Ren'l Date

I/We declare that the statements and particulars given above are true and complete and form the basis of any Agreement between LFC Insurance Brokers Ltd trading as LFC SHIELD and the undersigned. I/We understand the Agreement will be terminated immediately should it be found that any information is untrue. I/We hereby agree that if any alterations occur in respect of any facts given in this Application from the date hereof and during any period in which the Agreement is in force I/we will immediately inform you of such alteration.

Signature

Date

Name (in block capitals)

Position in Company

**Enclosed:**

**Copy of last report and Accounts**

**Copy FSA Grant of Permission**