



**APPLICATION FOR THE PLACING OF SUB-AGENCY BUSINESS**

**Granite Underwriting is a trading style of Acorn Insurance and Financial Services Limited  
98 Liverpool Road, Formby Merseyside L37 6BS**

**TO BE COMPLETED BY A PRINCIPAL**

**NB: All information given will be kept strictly confidential and not disclosed by Acorn Insurance to any other party without the express permission of the applicant.**

|    |   |  |
|----|---|--|
| 1) | Full Trading Name & Title   |  |
| 2) | Full Postal Address & Post Code from which business is transacted.                          |  |
| 3) | Address to be used for Accounting Purposes.   |  |
| 4) | Telephone Number  |  |
| 5) | Facsimile Number  |  |
| 6) | E-Mail Address  |  |
| 7) | Does the Company only transact insurance business? (If No, please specify)                  |  |
| 8) | Date Business Established. Note any changes in ownership since the business was established |  |

|     |  |  |
|-----|--|--|
| 9)  | Type of Organisation                                   | Public Limited/Limited/Partnership/<br>Sole Trader |
| 10) | Limited Company Registration No. at<br>Companies House |  |

|   |      |     |            |                       |
|---|------|-----|------------|-----------------------|
| 11) Name, Age & Insurance Experience of<br>a) all Director / Partners:- |      |     |            |                       |
|   | NAME | AGE | EXPERIENCE | SHAREHOLDER<br>YES/NO |
|   |      |     |            |                       |
|   |      |     |            |                       |
|   |      |     |            |                       |
|   |      |     |            |                       |

|     |  |  |
|-----|--|--|
| 12) | Number of Staff excluding those shown<br>under question 11)<br>- Full time<br>- Part time  |  |
| 13) | Has the Company or any of it's<br>Directors/Partners ever been convicted<br>of any criminal offence/activity.<br>If so please provide full details |  |

|     |                           |  |
|-----|---------------------------|--|
| 14) | Name & Address of Bankers |  |
|-----|---------------------------|--|

|     |  |        |
|-----|--|--------|
| 15) | Name & Address of Accountants  |        |
| 16) | Are you directly authorised by the FCA?<br>If yes, please state your firms reference number  | Yes/No |
| 17) | Has an application for membership of G.I.S.C./IBRC or any other trade organisation ever been refused / declined /cancelled or withdrawn? | Yes/No |

|     |   |  |
|-----|---|--|
| 18) | Professional Indemnity (please attach a copy of the current Cover Note/Certificate) | <p>Insurer:</p> <p>Limit of Indemnity:</p> <p>Excess Applicable:</p> <p>Renewal Date:</p> <p>Any claims during the last five years? If so please provide full details:</p> |
|-----|---|--|

|     |  |  |
|-----|--|--|
| 19) | Do you segregate all Premium and Claim funds into a separate bank account from your own Company monies? Do you operate a statutory or non statutory trust account? |  |
| 20) | Do have any additional offices?<br>If Yes please provide details   |  |

|     |                        |  |
|-----|------------------------|--|
| 20) | Additional Information |  |
|-----|------------------------|--|

I/We declare all information given on this application form to be correct and that any changes shall be immediately declared to Acorn Insurance.

On behalf of .....

Signature : ..... Print Name : .....

Position : ..... Date : .....