



Application for the Placing of Sub-Agency Business

To be completed by a principal

NB: All information provided will be kept strictly confidential and will not be 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

Sole Trader

**10. Limited Company Registration No.
at Companies House**

11. Name, Age & Insurance Experience of all Directors/Partners

Name	Age	Experience	Shareholder	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Number of Staff

(excluding those shown under question 11):

Full time:

Part time:

**13. Has the Company or any of its Directors/Partners
ever been convicted of any criminal offence/
activity? If so, please provide full details.**

14. Name & Address of Bankers

15. Name & Address of Accountants

**16. Are you directly authorised by the FCA?
If yes, please state your firm's reference
number.**

☐ Yes ☐ No

Reference Number:

**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withdrawn?**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)

Insurer

Limit of Indemnity

Excess Applicable

Renewal Date

**Any claims during the last five years?
If so, please provide full details:**

**19. Do you segregate all Premium and Claim funds
into a separate bank account from your own
Company monies?**

☐ Yes ☐ No

**20. Do you operate a statutory or non-statutory
trust account?**

☐ Yes ☐ No

21. Do you have any additional offices?

If yes, please provide details:

☐ Yes

☐ No

Declaration

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

On behalf of

Signature

Print Name

Position

Date



Granite
UNDERWRITING

Granite Underwriting is a trading name for Acorn Insurance and Financial Services Ltd. Acorn Insurance and Financial Services Ltd is authorised and regulated by the Financial Conduct Authority (FCA) Registration number 311873.