



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

**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/ Sole Trader
10)	Limited Company Registration No. at Companies House	

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

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

14)	Name & Address of Bankers	
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15)	Name & Address of Accountants	
16)	Are you directly authorised by the FCA? 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application for membership of G.I.S.C./IBRC or any other trade organisation ever been refused / declined /cancelled or withdrawn?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>
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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? If Yes please provide details	

20)	Additional Information	
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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 : .....