

Application for the placing of Sub-Agency business

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

<input type="checkbox"/>	Public Limited	<input type="checkbox"/>	Limited
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Trader

10 Limited Company Registration No. at Companies House

11 Name, Age & Insurance Experience of all Director / Partners

Name	Age	Experience	Shareholder	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 it's 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application for membership of G.I.S.C./IBRC or any other trade organisation ever been refused / declined / cancelled or withdrawn?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 have any additional offices?
If yes please provide details

Yes No

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:

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.