



ABBOTT INSURANCE

239 High Street

Cowdenbeath

Fife

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Agency Application Form

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call
01383 511442

Broker Name	
Contact Name	
Abbotts' Contact	David Abbott

CONTACT DETAILS

Company Name & Status	1.	Business Name			
	Contact Name				
	Status	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>			
	Address				
			Postcode		
	Telephone		Fax		
	E-mail		Web Site	www.	

BUSINESS DETAILS

Details	2.	Date Established:			
	FSA Reference Number				
	Company Registration Number				
	How many offices or locations do you operate from?				
	Please indicate if you are a member of:	<input type="checkbox"/> BIBA <input type="checkbox"/> Westinsure <input type="checkbox"/> Broker Network <input type="checkbox"/> Other (Please specify _____)			
	Please provide a general overview of your business activities				

FINANCIAL REPRESENTATION

Bank Details	3.	Bank Name			
	Contact Name				
	Address				
			Postcode		
	Telephone		Fax		
	Type of Trust Account	<input type="checkbox"/> Statutory <input type="checkbox"/> Non- Statutory			
	Trust Account Number				
	Sort Code				
	Accountant	Company Name			
Contact Name					
Address					
			Postcode		
Telephone			Fax		

BUSINESS PROFILE

GWP

4. Please give a breakdown of your Gross Written Premium (GWP).
This should be based on the actual figures for the past year, or the forecast for the coming year. Please indicate which.

Last Year Actual Turnover Current/Next Year Forecast

Personal Insurance	£
Charity & Voluntary Groups	£
Commercial Insurance	£

Commercial Insurance Breakdown

Please provide a split by percentage of the following classes of Commercial Insurance

Liability	%
Package	%
Fleet	%
Other Commercial Motor	%
Professional Indemnity	%
Other Commercial	%

STAFFING DETAILS

Staff Details

	Number
Directors	
Direct Sales Staff	
Administration Staff	
Others	

Accounts

Please provide details of the individual responsible for settling your insurer accounts.

Contact Name		
Direct Telephone	Fax	
E-mail		

Compliance

Please provide details of the individual responsible for FSA compliance.

Contact Name		
Direct Telephone	Fax	
E-mail		

Directors

Please provide details of all Directors/Partners/Principals, including non-executive Directors/Silent Partners or shareholders. Continue on a separate sheet if necessary.

Name and Address	Qualifications	Number of Years Experience

MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect your application. This duty of disclosure is imposed on agents by the legal principle of Utmost Good Faith and regulatory requirements. It arises at application and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance.

In order to consider your application please also provide a copy of your latest audited report and accounts along with any brochures or promotional material which describe your activities and are relevant to your application.

DECLARATION

1. I/We declare that
 - (a) this application form has been completed after proper enquiry;
 - (b) its contents are true and accurate
 - (c) all matters which may be relevant to the consideration of your applicaiton have been disclosed.
 - (d) the directors / principals have never
 - i) had an insurer agency application refused
 - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
 - iii) been declared bankrupt or insolvent or been disqualified from being a company director
2. I/We undertake to inform you before any application is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application.
3. If our agency application is accepted, I/we confirm that I/we acknowledge that I/we are personally responsible for the payment in full of any premiums or adjustments owed to Abbott Associates Limited. I/we agree to remit all monies owed within within the credit tems on the Abbott Associates Limited Invoice or Account.
4. I/We authorise Abbott Associates Limited to make any enquiries that are deemed as necessary in connection with this application

Authorised Signature

Date

Printed Name

A copy of this form should be retained for your records.