



MERCIA
UNDERWRITING

Agency Application Form

Mercia Marine Underwriting Ltd & Mercia Underwriting

This form is to be completed by all intermediaries requiring an agency with Mercia Marine Underwriting Ltd.

This is an application only. Agencies are granted subject to our normal agency terms and conditions. Premium in respect of each policy is due at the inception date of each policy unless otherwise agreed. We do cascade risk transfer unless otherwise agreed in writing.

1. Contact Details

1.1	Your Firm's Name:	
1.2	Trading Name (s) if different:	
1.3	Principal Address: (Please provide a list of other branches by attachment)	
1.4	Principal contact at your firm:	
1.5	Telephone number:	
1.6	Fax number:	
1.7	Email:	
1.8	Website address:	

2. Your Firm

2.1	Type of Firm: (Sole Trader, partnership, LLP, PLC, or other)	
2.2	Companies House Registration Number if applicable:	
2.3	Name of Subsidiaries: (This agency application only applies to the Firm and to specified Subsidiaries, if any)	
2.4	Date Established:	
2.5	Is the Firm is associated with any other firm of insurers, insurance brokers or intermediaries?	Yes / No If 'Yes' please outline the nature of such relationship(s):
2.6	Are you associated with, owned or controlled by any other company not connected with the insurance industry?	Yes / No If 'Yes' please outline the nature of such relationship(s) or other material information:
2.7	Total number of staff employed:	Full Time: Part time:
2.8	Total Gross Premium managed by your firm: Please estimate the approximate split of the main types of insurance business transacted by your Firm:	Total Commercial Personal Lines
2.9	Please provide details of all Directors/ Principals:	Name: Date Appointed: Name: Date Appointed:

3. Regulatory & Compliance Status

3.1(a)	Is Your Firm authorised by the Financial Conduct Authority (FCA) to transact General Insurance business?	Yes / No If 'Yes', please provide your FCA Firm Reference Number:
3.1 (b)	If not authorised and regulated by the FCA, name equivalent Insurance Regulatory Authority Name	Name: Equivalent Insurance Regulatory Authority registration number:
3.2	Are you authorised to hold client money?	Yes / No
3.3	Has the Company/Firm of any Directors/Principals/Partner or a Manager ever been the subject of any disciplinary or regulatory investigation(s) or action(s) by an Insurance Regulatory Authority or had its/their membership/ registration revoked, or is any such matter pending?	Yes / No If you have answered YES, please provide details:
3.4	Type(s) of Bank Account(s):	Statutory Trust Client (per CASS 5.3): Yes / No Non Statutory Trust (per CASS 5.4): Yes / No Non Statutory Trust Insurer (per BIBA Trust Deed): Yes / No Other: Please provide details:
3.5	Do you comply with the requirements specified by the FCA and any professional associations of which you are a member for: 1. Disclosure of all commissions and fees? 2. Issue Client Agreements? 3. Do you send Insurer's renewal notices to all your clients?	Yes / No Yes / No Yes / No If 'No' to any of the above, please provide details:
3.6	Are you registered under the Data Protection Act?	Yes / No If 'Yes', please provide the registration number:

		Address(es):
5.3	Are you registered under the Consumer Credit Act 1976?	Yes / No If 'Yes', please give Registration Number

6. DECLARATION

Attached:

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| 1. Your last audited accounts. | Yes / No |
| 2. A copy of your standard Client Agreement | Yes / No |

I confirm that the information declared is true and that any other relevant information has not been withheld.

SIGNED:
NAME (PRINT IN CAPITALS):
POSITION:	DATE:

Office Use Only:

All questions answered satisfactorily	Yes / No
R & A received	Yes / No
Client Agreement received	Yes / No

Application Approved	Yes / No
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Approved by:	Date:
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