OAK

PART OF THE RSA GROUP

PRIVATE CLIENT **AGENCY** APPLICATION FORM

Please complete this application form in **BLOCK CAPITALS**.

If you need more space for any of the answers, please continue on a separate sheet. You must give full and true answers to all questions.

THE APPLICANT

Trading name (if not a limited company, please state whether a partnership, sole trader or other)

Name and title of person responsible for agency

Head/registered office

Postcode:

Contact numbers

Office:	Direct, if applicable:
Fax:	Email address:
Website:	Co. Reg. No:

Please describe these premises eg. first floor office, ground floor shop, private house

Name and title of person responsible for accounts

Accounts/correspondence address (if different from above)

Postcode:

Contact numbers

Office:	Direct, if applicable:
Fax:	Email address:

THE FIRM

When was it established?	
Number of branches	
Number of employees	

If more than one branch, please complete the box below using additional sheets if necessary.

Addresses of all branch offices	Postcode	Description of the premises
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please state the firm's FCA Firm Reference Number:

Is the firm a member of BIBA: YES ☐ NO ☐

Please give details of your professional indemnity insurance

Limit of indemnity (£):	Insurer:
Expiry date:	Excess (£):

ASSOCIATED BUSINESSES

Is your business associated with or controlled by

- any other insurance industry business? YES ☐ NO ☐
- any business not connected with the insurance industry? YES ☐ NO ☐

Have you ever traded under a different name? YES ☐ NO ☐

If yes, please give full details and other material information

DIRECTORS/PRINCIPALS

Name	Age	No. years experience	Where experience obtained. Qualifications, membership, registrations and affiliations, if any

Has the business or any of the persons named above

- had an insurance agency or membership of a trade association or statutory body refused, suspended, cancelled or withdrawn? YES ☐ NO ☐
- had a county court judgement against them, received a police caution, been convicted of or charged with but not yet tried for any offence other than driving? YES ☐ NO ☐
- or any business in which they have been involved become bankrupt, insolvent, appointed receivers, called a meeting of creditors or entered into compulsory or voluntary liquidation? YES ☐ NO ☐

If yes, please give full details

FINANCIAL INFORMATION

Please provide the following names and addresses

Your bank

Postcode:

Your accountants

Postcode:

What is your estimated premium income for the next twelve months? £

What proportion of your premium income relates to the following classes?

Household % Private motor % Commercial including fleet % Other %

How many agencies do you operate?

Please list the major agencies, and tick whether you have 'Club' status with any of them

AGENCY	CLUB	AGENCY	CLUB

Do you operate any niche schemes? YES ☐ NO ☐

If yes, please indicate what they are

Additional information

Declaration

I/we declare that all the information given in this application form is, to the best of my/our knowledge, true and complete.

I/we agree that the completed form and any additional information I/we provide will be the basis of the agreement between me/us and Oak Underwriting Plc should it be granted.

Signature(s): Full name:

Position held: Date:

REF:

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