

For office use only	
Date issued:	Sent by:
Agency/Ref no:	

## AGENCY APPLICATION/AMENDMENT FORM

Please fill in all sections of the Application/Amendment Form. If you cannot answer in the space provided, please continue on a separate sheet of paper and attach it to this form.

For **Amendments only** please complete sections 1, 2, 4, 6, 8, 11, 12, 15. If you are also a Limited or Limited Liability Partnership company please also complete the Personal Guarantee section.

Once completed please return the form to:

Agency Department, Oak Underwriting Plc, Cromwell Park, Chipping Norton, Oxon, OX7 5DF

or if you prefer email it to: [agency@oak-underwriting.com](mailto:agency@oak-underwriting.com)

Please tick a or b:

a I/We are making an application to become an Agent of Oak Underwriting Plc (Part of RSA Group)

b I/We are confirming amendments to our current agencies with Oak Underwriting Plc (part of RSA Group).  
Amendments are a Change of Title and a Change of Constitution e.g. Directors have changed or your company has changed from a partnership to a Limited status.

Type of Amendment:

Please complete the following:

- I/We attach a copy of the last 3 years **FULL** audited accounts in order that the application process can proceed or if a brand new company, I/we attach a set of Management Accounts or a Business Plan. When submitting the accounts, please could you ensure that Insurance Debtors, Creditors and Insurer monies held in trust accounts are shown separately. If this information is not included in the body of your financial statements, could you please attach a separate schedule. We shall be checking for solvency margins to be in line with FCA proposals and net worth to be positive. **(New applicants only)**
- I/We attach a copy of our Professional Indemnity Insurance Cover.
- In connection with this application Oak Underwriting Plc and/or Royal & Sun Alliance Insurance Plc may carry out a search with a licensed Credit Reference Agency, and also to check all or any of the application details I/we have submitted. I/we hereby expressly consent to any such search or check. Should this application be successful, I/we agree to adhere to and be bound by the terms and conditions of Oak Underwriting Plc.

**NB: failure to provide full details may delay the processing, of any amendments or new appointments.**

### I Full name of applicant

Full trading name of firm Company/Partnership/Sole Trader

Trading address

If at present address for less than 3 years, please give previous details

Postcode:
Tel no:
Fax no:
Email:

Trading name:
Trading address:
Postcode:

**2 All Applicants please complete either column a, b or c.**

a Please provide your FCA ref no.

Name(s) of Authorised persons

  


Date registered with the FCA

b If exempt from authorisation please state why?

  
  


Professional body Exempt Professional Firm ref no.

c If an Appointed Representative please state ref no.

Name of Principal, if applicable

Principal FCA ref no. if applicable

**3 What percentage income is derived from General Insurance Broking**

 %

**Total income from Insurance Broking?**

 £

Please indicate the split in General Insurance Broking income between:

a Commercial Insurances

 %

b Personal Insurances

 %

c Other business activities

 %

Please give details of other business activities

What was the total commission income for your last financial year for General Insurance Broking?

 £

**4 Please give the following details for a Sole Proprietor or each Director/Partner**

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

Full name and private address including postcode

Name:
Address:
Other business interests:

Age:
Length of General Insurance Experience:
Engaged full time in the business? Yes/No:
Employment history (last 5 years, including positions held):

**5 If a Company:**

Please give the Registered Address

Name:
Trading address:
Postcode:
Account no:

Date incorporated:
Company registration no:
Share Capital:
Authorised: £
Issued: £
Paid up: £

State names of major shareholders (>20%) and their holdings:


Are there any charges or debentures on capital or assets?

Yes  No

If 'Yes' please give details:


Give details of any holding, parent or associated companies:


**6 If a Partnership, when was the partnership formed?**

**Is it an LLP?** Yes  No

**7 Number of staff employed in:** General insurance broking

Other activities

**8 Have you ever traded using any other title?** Yes  No

If 'Yes' please give details of title and business including address(es):


**9 Have your Partners, your Company or any of its Directors, been involved in any disciplinary proceedings of any Regulatory Body, including suspension/de-authorisation?** Yes  No

If 'Yes' please state:

a Name:	b Date:
c Reason:	
d Which Regulatory Body:	

**10 Has any Insurer or professional body ever:**

a refused you account facilities/membership? Yes  No

If 'Yes' state name of insurer/body:

Date of refusal:

b cancelled or withdrawn account facilities/membership? Yes  No

If 'Yes' state name of insurer/body:

Date of cancellation:

c Reason:

11 a Have any of the persons listed in 4, or has any organisation in which they have held a managerial position been involved in liquidation, receivership, bankruptcy, an administration order, entering into an arrangement with creditors or is any such matter pending? Yes  No

If 'Yes' please give full details, including: dividend paid, date of discharge and terms of composition, if appropriate.


b Have any of the persons listed in 4, or has any organisation in which they have held a managerial position been convicted of or charged with any criminal offence or are any such proceedings pending? Yes  No

If 'Yes' please state:

a Offence/Charge:		
b Date of conviction:	c Penalty imposed:	

12 Do you hold a Credit Licence? Yes  No

If 'Yes' please state licence number:

13 Please give the name and address of all business bank accounts held

Name:	Name:
Trading address:	Trading address:
Postcode:	Postcode:
Account no:	Account no:

Do you operate:

a Trust accounts? Yes  No

If 'Yes' please state A/c no:

Please forward written confirmation from your bankers that a separate trust account is operating: Included ? Yes  No

b Type of trust account operated:

14 Please give the name and address of your accountants and auditors

Accountants name and address:

Auditors name and address:

Name:	Name:
Trading address:	Trading address:
Postcode:	Postcode:
Account no:	Account no:

When is your financial year end?

15 Does the firm hold a professional indemnity policy in respect of general insurance broking, if so please enclose a copy?

Yes  No

Name of Insurer:	
Policy Number:	Limit of Indemnity: £
Excess applying: £	Renewal date:

16 Do you now or do you propose to place general insurances on behalf of any other intermediary?

Yes  No

If 'Yes' please state name of intermediary, trading address and FCA reference number:


17 Do you already hold an agency with Oak Underwriting Plc or Royal & Sun Alliance Insurance Plc?

Yes  No

If 'Yes' please state account number:

--

18 Specify the insurers with whom you have the 5 largest premium income accounts in respect of Personal Lines Insurance Business

1

Name of insurer:	Account reference:
Branch address:	

2

Name of insurer:	Account reference:
Branch address:	

3

Name of insurer:	Account reference:
Branch address:	

4

Name of insurer:	Account reference:
Branch address:	

5

Name of insurer:	Account reference:
Branch address:	

## PERSONAL GUARANTEE

In consideration of Oak Underwriting Plc ('Oak') granting agency facilities to:

(full name of firm)  (the intermediary')

### I/We hereby jointly and severally, both irrevocably and unconditionally:

- 1 guarantee to Oak as a primary obligation the due and punctual payment, observance and performance by the Intermediary of all of the Intermediary's liabilities and obligations, whether present or future, express or implied, actual or contingent, under or arising out of all agreements entered into from time to time between Oak and the Intermediary in relation to their agency relationship ('the Agency'), including any liability or obligation to pay damages or other compensation for any breach of any of the terms of the Agency or to pay sums due and payable (but unpaid by the Intermediary); and
- 2 agree that the obligations set out in this Guarantee shall constitute and be continuing obligations notwithstanding any settlement of account or other matter or thing whatsoever; and in particular shall not be considered satisfied by any intermediate payment or satisfaction of all or any of the obligations of the Intermediary under the Agency and shall continue in full force and effect until final payment in full of all amounts owing by the Intermediary in total satisfaction of all the Intermediary's actual and contingent obligations under the Agency.

#### Executed as a Deed by:

Name:
Signature:
Address:
Postcode:
Dated:

#### Witnessed by:

Name:
Signature:
Address:
Postcode:
Dated:

#### Executed as a Deed by:

Name:
Signature:
Address:
Postcode:
Dated:

#### Witnessed by:

Name:
Signature:
Address:
Postcode:
Dated:

#### Executed as a Deed by:

Name:
Signature:
Address:
Postcode:
Dated:

#### Witnessed by:

Name:
Signature:
Address:
Postcode:
Dated:

I/We apply for an agency with Oak Underwriting Plc as an insurance intermediary on its usual terms and conditions, and authorise it to make all enquiries it considers appropriate.

Date:  Signature  Principal/Director/Partner



## OAK UNDERWRITING PLC

PART OF THE RSA GROUP

Cromwell Park Chipping Norton Oxfordshire OX7 5DF  
T: 01608 648100 E: [customerservices@oak-underwriting.com](mailto:customerservices@oak-underwriting.com)  
[www.oak-underwriting.co.uk](http://www.oak-underwriting.co.uk)

Oak Underwriting Plc (Registered in England and Wales No 038995860).  
Registered Address: St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority  
and the Prudential Regulation Authority, FCA Registration No. 311906.