



# Agency application form

1. Full name of company / firm (including trading title if applicable) applying for agency

2. (a) Address from which the business is conducted

Postcode:	
Tel number:	Fax number:

- (b) Registered office if different from (a) above

Postcode:

- (c) Address which we should utilise for accounting purposes

Postcode:

3. Type of business (Please indicate (  ) as appropriate):

Limited Liability Company  Partnership  Sole Proprietor

4. (a) If the business is a Partnership, is there a formal partnership registered as a limited partnership?

Yes  No

- (b) If other than a standard partnership, please state the extent of each partners financial commitment and responsibility

5. Establishment / incorporation date of company / firm

6. Total number of staff employed (including directors, principals and partners)

7. (a) Please confirm whether or not you are PRA / FCA authorised and if so provide us with your FCA authorisation number. If you are not PRA / FCA authorised please confirm your status i.e. are you exempt or an appointed representative

(b) Are you a member of a network? If so are you intending to account to us directly or through a centralised network member? If yes, please confirm that you have given authority to that member to account on your behalf and provide details of the company

(c) Has the company / firm or any director / principal / partner or manager ever been the subject of any disciplinary or regulatory investigation(s) or action(s) by or on behalf of any of these associations / bodies or had its / their membership / registration revoked, or is any such matter pending?

Yes  No

If you have answered YES, please provide details

8. Please provide the following information in respect of all directors, principals and partners, managers

Full name	Position	Professional qualifications	How long held position

9. Has the company / firm or any of the persons listed in question 8 ever had an agency or an agency application declined or terminated or granted on special terms?

Yes  No

If YES, please specify

10. Have any of the persons listed in question 8 been convicted of any criminal offence other than minor motoring offences?

Yes  No

If YES, please specify

11. Have any of the persons listed in question 8, or has any organisation in which they have held a managerial position been involved in liquidation, receivership, bankruptcy, an administration order, entered into an arrangement with creditors or is any such matter pending?

Yes  No

If YES, please specify

### Professional indemnity insurance

12. Please provide the following information in respect of professional indemnity insurance which the company / firm has arranged and WHICH MUST INCLUDE ACTIVITIES TO WHICH THIS AGENCY AGREEMENT APPLICATION RELATES AND BE MAINTAINED IN FULL FORCE AND EFFECT

Name of insurer	Policy number(s)	Expiry date	Limit(s) of indemnity (indicate any one claim or aggregate)

## Financial

Please attach to this application A COPY OF THE LATEST TRADING ACCOUNTS FOR THE BUSINESS OR, IF A NEW BUSINESS, A STATEMENT GIVING DETAILS OF ALL BANK LOANS, OTHER SECURED LOANS AND OVERDRAFT ARRANGEMENTS

13.

(a) Please indicate financial year end

(b) Please give an indication of total commission income of the business for your last financial year

(c) Are these premises:

(i) Owned by the business?

Yes  No

(ii) Leasehold?

Yes  No

If YES, please advise length of remaining years

(iii) Rented?

Yes  No

(d) Can you confirm that all monies received by you as agent on our behalf pursuant to our risk transfer agreement are held in a separate designated insurer trust account?

Yes  No

14. Please provide name, address and telephone number of your:

**Banker**

Postcode:
Telephone number:

**Accountant**

Postcode:
Telephone number:

**Auditor**

Postcode:
Telephone number:

## General information

15. (a) Please provide details of your Lloyds broker(s), if any

--

(b) Please indicate financial year end

--

(c) Please provide approximate percentage breakdown of your general insurance premium income together with a note of your major markets and indicating (\*) where some form of delegated authority / facility arrangements exists

Class	%	Insurers (* indicates delegated authority)
(i) Professional liability (PI, E&O, D&O)		
(ii) General liability (EL, PL / prods)		
(iii) Property		
(iv) Crime (fidelity)		
(v) Legal expenses		
(vi) Bloodstock		
(vii) Other		
<b>TOTAL</b>	<b>100</b>	

(d) Please list details of any insurance schemes / facilities or any trade body insurance arrangement where you act as insurance broker

--

## Declaration

I / We hereby apply to Markel (UK) Limited for an agency for the purpose of handling general insurance

I / We also apply for the agency to be on credit basis

I / We agree that if Markel (UK) Limited grants us an agency, we shall be bound by the Terms of Business Agreement

I / We hereby warrant that where information is included in respect of directors, principals, partners or managers the relevant individual has given his or her consent (and in the case of question 8 explicit consent) to the disclosure of relevant information

I / We declare that the information given in this application is true and complete and I / We agree that this application shall be the basis of an agency appointment

DATE \_\_\_\_\_

AUTHORISED SIGNATORY \_\_\_\_\_

POSITION \_\_\_\_\_

ON BEHALF OF \_\_\_\_\_

PLEASE RETURN TO:

Agency Department

Verity House

6 Canal Wharf

Leeds

LS11 5AS

OFFICIAL USE ONLY	
Code	
Grp	
Reg	
Cat	
Prod	
Rec	
Approved:	Date:

### Markel (UK) Limited

Verity House, 6 Canal Wharf, Leeds LS11 5AS Tel: +44 (0)845 351 2600 Fax: +44 (0)845 351 2601

[www.markelinternational.com/uk](http://www.markelinternational.com/uk)

Offices at Birmingham, Bristol, Leeds and Reigate

Registered office: 20 Fenchurch Street, London EC3M 3AZ Registered in England number 2430992

Markel (UK) Limited is an Appointed Representative of Markel International Insurance Company Limited who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

