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|  | **MERCURY INSURANCE BROKERS AGENCY APPLICATION** |
| **1.** | **COMPANY DETAILS** |
|  | Registered name |       |  |
|  | Trading name |       |  |
|  | Trading address |       |  |
|  |  |       | Postcode |       |  |
|  | Registered address |       |  |
|  | *(if different from above)* |       | Postcode |       |  |
|  | Number of Branches |       |  |
|  | Number of full time staff |       | Part time staff |       |  |
|  | If applicable, do the additional branches require separate agencies / logins? | Yes [ ]  No [ ]  (If yes, please provide contact details for each branch on a separate sheet) |  |
|  | Telephone (main office) |       |  |
|  | Main Email (for policy administration) |       |  |
|  | Company Website |       |  |
|  | Type of Company *(i.e. Sole Trader/Partnership/Limited Company/Other – please give details)* |       |  |
|  | If a Limited Company, please provide the Share Capital details: |  |
|  | Authorised |       | Issued |       | Paid Up |       |  |
|  | If there are any special charges or debentures on Capital or Assets, please give details: |       |  |
|  | If you are associated with any other Company, please give details: |       |  |
|  | If you have traded under a previous title in the last seven years, please give details: |       |  |
|  | Director(s) /Principle | (1) | (2) | (3) |  |
|  | Name |       |       |       |  |
|  | Home address |       |       |       |  |
|  |  |       |       |       |  |
|  |  |       |       |       |  |
|  |  |       |       |       |  |
|  | Postcode |       |       |       |  |
|  | Telephone |       |       |       |  |
|  | Number of years at this address |       |       |       |  |
|  | Date of birth |       |       |       |  |
|  | Number of years insurance exp |       |       |       |  |
|  | Qualifications |       |       |       |  |
|  |  |       |       |       |  |
|  | Has any Director, Proprietor or Partner *(if you answer yes to the following questions, please provide a written statement containing full details and dates to accompany this declaration)* | Tick as appropriate |  |
|  | 1. Had any insurance agency cancelled or refused *(other than for lack of support)*?
 |  Yes [ ]  |  No [ ]  |  |
|  | 1. Been adjudged bankrupt or subject to a receiving order or County Court Judgement?
 |  Yes [ ]  |  No [ ]  |  |
|  | 1. Been convicted of any criminal offence *(not treated as spent conviction under the Rehabilitation of Offenders Act 1974*) other than motoring convictions?
 |  Yes [ ]  |  No [ ]  |  |
|  | Primary Agency Contact |       | Position |       |  |
|  | Telephone |       | Email |       |  |
|  |  |
| **2.** | **LICENCES / INSURANCE** |
|  | Please provide the following: |  |
|  | Financial Conduct Authority (FCA) Reference Number |       |  |
|  | Companies House Number (if applicable)  |       |  |
|  | Data Protection Registration number |       |  |
|  | Please provide details of your Professional Indemnity Insurance  *(please note that it is a condition of agency facilities that adequate PI cover is in force at all times)* |  |
|  | Insurer |       | Expiry date |       | Limit of indemnity | £      | Excess | £      |  |
|  | Are you members of any professional insurance body (e.g. BIBA)? *(tick as applicable)* | Yes [ ]  | No [ ]  |  |
|  | Name |       | Registration no: |       |  |
|  |  |  |
| **3.** | **ACCOUNTING** |  |
|  | Email for monthly statements |       |  |
|  | Accounts Contact |       | Telephone |       |  |
|  | Please provide the name and address: |  |
|  | Principle Bank |       |  |
|  |  |       | Postcode |       |  |
|  | Account name |       | Sort code no: |       | Account no: |       |  |
|  |  |
| **4.** | **BUSINESS OVERVIEW** |
|  | Source of enquiries*(e.g. Internet / advertising / word of mouth)* |       |  |
|  | Please provide % breakdown of the policies written: | Local |       % | National |        % |  |
|  | For the last complete financial year please provide details on the following risk types: |  |
|  |  | Premium Income (GWP) | Commission Income |  |
|  | Restaurants & Takeaways | £      | £      |  |
|  | Retail Shops & Offices | £      | £      |  |
|  | Taxi Base Office | £      | £      |  |
|  | Commercial Property Owners | £      | £      |  |
|  | Residential Property Owners | £      | £      |  |
|  |  |
| **5.** | **GENERAL INFORMATION** |
|  | How did you hear about Mercury? | Existing/historic J&M agency [ ]  Contacted by Mercury [ ]  Customer Recommendation [ ]  Broker Recommendation [ ]  Online search [ ] Other (Please specify):  |  |
|  | Projected support levels (GWP): | £      |  |
|  |  |  |  |
| **6.** | **TAXI INSURANCE** |  |  |
|  | Would you be interested in obtaining an agency with our sister company, J&M Insurance Services (UK) Ltd, to gain access to annual , single-vehicle, Public/Private Hire schemes? | Yes [ ]  No [ ]  |  |
|  | If Yes, please provide information based on your current taxi book: |  |
|  | Size of taxi book (GWP) | £      | Commission Income | £      |  |
|  | % policies for local clients | %      | % policies for national clients | %      |  |
|  |  |
| **7.** | **DECLARATION** |
|  | I/We apply to Mercury Insurance Brokers Ltd for a facility for the purpose of handling Insurance business. I/We declare that the information given in this application is true and complete and no material information has been withheld.I/We also agree that this application shall be the basis for any appointment.I/We also understand that if payment of the account and any documentation due is received later than the due date then the account will be suspended, until all outstanding premiums and paperwork is received and the funds have been cleared.I/We also undertake to advise you in writing:-1. of any changes in address; or
2. of any changes in Directors, Controllers, Principals or Partners; or
3. of any change in the Capital Share or Partnership agreement; or
4. in the event of the agent becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed; or
5. if any Directors, Controllers, Principals or Partners of or employed by the Intermediary is or becomes subject to disciplinary proceedings instituted by any Professional or similar body; or
6. of any convictions for Criminal offences (other than minor motoring offences) of any Director, Controller, Principle or Partners occurring after the date of this Application; or
7. if any agency appointment with another insurer is terminated or suspended; or
8. of any termination of registration under the Insurance Brokers (Registration) Act 1977; and
9. of any change of the terms and conditions of cover of my/our professional indemnity policy.
 |  |
|  | **PLEASE NOTE:**Pursuant to your application, we will make a search with a Credit Reference Agency who will keep a record of that search and will share that information with their businesses. We may also make enquiries about Directors with a Credit Reference Agency. Such searches and enquiries may be repeated form time to time. We will monitor and record information relating to your trade credit performance and such records may be made available to other organisations. |  |
|  |  |
| **8.** | **CHECK LIST** |
|  | Please scan the completed application and email this to **agency@mercury-insurance.co.uk** along with the copies of the follow documents: 1. Professional Indemnity Insurance Schedule
2. Company accounts past two trading years
3. Any additional statements in respected of the information requested on this application
4. Any additional information you wish taken into consideration when reviewing your agency application which may affect the Company’s decision to grant you agency facilities

Alternatively documents can be posted to: **The Agency Department, Peregrine House, Falconry Court, Bakers Lane, Epping, Essex, CM16 5DQ** |  |
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|  |  |
| **9.** | **DETAILS OF PERSON COMPLETING THE APPLICATION** |
|  | Name |       | Position |       |  |
|  | Signature |  |  |
|  | Date |       |  |  |
|  |  |