



# Application to Trade with Hagerty International Limited

## Company Details

Please use block letters and tick where appropriate

Registered name of applicant:

Trading name of applicant:

Company registration no.

Registered address of applicant  
  
  
  
Postcode:

Other addresses (e.g. account statement address)

Postcode:

Telephone:

Telephone:

Facsimile:

Facsimile:

Email:

Email:

a Are you authorised and regulated by the Financial Services Authority? Yes  No

b Date you became authorised by the Financial Services Authority

c What is your Financial Services Authority registration number?

d Have you ever had your FSA registration revoked, withdrawn or cancelled? If so give details.

## Business Details

Please indicate the nature of your insurance trading concern:

Sole Trader  Limited Company  Partnership  plc  Other

Date that you were established?

Please provide details of your total account size on a premium income basis.

a Personal Lines Private Car: £  Household £   
Classic Car: £

b Commercial Lines Motor Trade: £  Classic Trade: £

How many agency facilities do you currently hold overall?



Please provide details of the five insurance companies with whom you hold your largest accounts. (Please indicate which are 'preferred' Insurers).

a To assist this application please use the space below to advise details of special terms, schemes or agreements you hold with any insurer and your methods of business acquisition ie marketing etc.

b Do you plan to place business with us from another source such as an appointed representative, introducer or sub agent? If so, please provide full details.

## Principal's Details

Full name

Date of birth

Title

Private address

Postcode:

Professional qualifications

## Personal Details

Have you or any Director, Partner, Member, Proprietor or Controller ever had membership of any professional body, statutory or non-statutory regulator refused, revoked or terminated?

a Have you or any Director, Partner, Proprietor or Controller ever:

- |     |  |     |                          |    |                          |
|-----|--|-----|--------------------------|----|--------------------------|
| i   | Had any agency or similar facility/agreement with any Insurer refused, revoked or terminated?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii  | Been subject to disciplinary proceedings instituted by any professional or regulatory body?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii | Been convicted of any criminal offence?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv  | Been subject to a CCI or been adjudged bankrupt, subject to a receiving order, entered into an agreement with creditors or been involved in any business that has gone into liquidation or is any such matter pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v   | had credit facilities refused, revoked, curtailed or terminated?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

b If the answer to any of these questions is 'Yes', please give full details

## Financial Details

a Please state name and full address of your bankers

Postcode:

b Please state account name, sort code and account number of your business account.

Account Name

Sort Code  Account Number

c How long has this account been held with these bankers?

d Please confirm you will hold premiums on our behalf on trust for us until it is received by us or returned to the customer as appropriate.

Yes  No

Please state name and full address of your Accountants and/or Auditors.

Postcode:

If an existing business has been purchased or if the business is a new venture, please state how the venture has been financed

Is there an ultimate holding company or any subsidiary/associated companies?  
If **Yes**, please give details

Yes  No

## Professional Indemnity Insurance

a Do you hold current Professional Indemnity Insurance?

Attached

If so, please state and forward evidence of the following:

- name of insurer
- policy number
- inception date
- expiry date
- limit of indemnity
- excess applicable

b i Has any Insurer refused, declined, revoked or terminated or have any special terms been applied in respect of any Professional Indemnity Insurance policy held?

Yes  No

ii Has there ever been any incidents resulting in a claim being intimated against any Professional Indemnity insurance policy for negligence, errors or omissions by any Director, Partner, Member, Proprietor or Controller?

Yes  No

If **Yes**, please give full details.

