

# Producing Broker Application Form



The purpose of this form is to fulfill our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you. We wish to work only with those who are committed to our standards and we will undertake due diligence to ensure this.

Throughout our operations we maintain systems and controls for compliance with applicable requirements and standards under regulatory guidance as set out by the Financial Conduct Authority. Importantly, this includes policies and procedures for countering the risk of becoming involved in financial crime. We maintain a policy of zero tolerance towards bribery and corruption in all forms, whether directly or through third parties.

Please complete all sections of the application form.

Once completed, please return the form either:

**1. By post to:**

Inksurance Ltd  
72 Allen Road  
Finedon, Wellingborough  
Northamptonshire, NN9 5EW

**2. By email to:**

[carl.tero@inksurance.co.uk](mailto:carl.tero@inksurance.co.uk)

Please confirm the following:

I/We hereby make an application to become an agent of Inksurance.

I/We enclose a copy of our most current Professional Indemnity Insurance certificate.

I/We attach a copy of our Group structure chart showing our ultimate parent company together with any subsidiary and affiliated companies.

I/We attach a copy of our most recent Report and Accounts and Group Report and Accounts where relevant.

# Section 1 – Company Details

Please fill in all sections



<b>Company Name</b>

<b>Trading Name (if applicable)</b>

<b>Country of Registration &amp; Company Registration Number (if applicable)</b>

<b>Date Established</b>

<b>Organisation Type /Legal Status (please tick one)</b>		
Sole Trader	Private Limited Company	Unincorporated Association
Partnership	Public Limited Company	Limited Liability Partnership
Other please state:		

<b>Trading Address</b>		
	<b>Postcode</b>	
<b>Telephone Number</b>		

<b>Registered Office</b>		
	<b>Postcode</b>	
<b>Telephone Number</b>		

<b>Website Address</b>

<b>Principal Business Activity</b>

<b>Primary Contact Name and Email Address</b>

<b>Primary Contact Name at Inksurance</b>

Please list below the name of Key Personnel, Principals, Directors, Partners or controllers in your business (a controller is a person who: (a) holds 20% or more of the shares or voting power in your firm, or in a parent of your firm; or (b) holds shares or voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm):

Title/Forename/Surname	Date of Birth	Address	Position Held	Time with the firm

## Section 2 – Regulatory Information

Please fill in all sections



	YES	NO
<b>Are you registered with the FCA?</b> (if yes, please provide your FCA number; if no, please provide your regulatory authority you are registered with below together with the related registration number)		
<b>FCA Number:</b>		
<b>Other Regulatory Authority:</b>		

<b>If you are an appointed representative please state your Principals name and FCA number:</b>

	YES	NO
<b>Are you authorised to hold client money?</b> (if yes, please indicate below whether it is held in a statutory or non-statutory account)		

	YES	NO
<b>Please confirm that any RMAR and Client Money obligations have been met</b>		
<b>Please confirm that all Financial Sanctions and Anti-Bribery &amp; Corruption checks are in place with any exceptions having been fully investigated</b>		

## Section 3 – Additional Company Information

Please fill in all sections

	YES	NO
<b>Are you registered under the Consumer Credit Act?</b> (if yes, please provide details below including licence number)		

	YES	NO
<b>Are you registered under the Data Protection Act?</b> (if yes, please provide details below)		

## Section 3 – Additional Company Information (continued)



	YES	NO
<b>Do you have more than one branch that requires agency facilities (excluding any Appointed Representatives)?</b> Please provide full address and contact details below		

<b>What software system do you currently use?</b>

<b>Are you a member of a Network or Affinity Group?</b> (if yes, please specify the name and your membership status)

## Section 4 – Professional Indemnity

Please fill in all sections.

	YES	NO
<b>Do you currently hold professional indemnity insurance?</b> (if yes, please attach a copy of your P.I. certificate) - <b>*PLEASE NOTE THE APPLICATION WILL NOT BE PROCESSED WITHOUT THIS INFORMATION*</b>		

## Section 5 – Sales Information

Please fill in all sections.

<b>Please provide details of the Gross Written Premium (GWP) for the types of general insurance that you currently provide:</b>	
<b>What is your total Gross Written Premium?</b>	£
<b>What is the Commercial split?</b>	£
<b>What is the Personal split?</b>	£

## Section 6 – Business Continuity Planning

Please fill in all sections.

	YES	NO
<b>Do you have a business continuity plan in place that meets FCA requirements?</b> (if yes, please provide details below of when this was last tested or when it is due to be tested)		

## Section 7 – Inksurance Products

Please fill in all sections.



Please indicate below the reason as to why you would like to do business with Inksurance and those products that you wish to access:

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Please indicate the level of GWP you anticipate providing Inksurance in your first year of trading with us:

£

## Section 8 – Bank Details

Please fill in all sections.

Business Account Details	
Bank Name	
Bank Address	
	Postcode:
Your Reference	
Account Name	
Account Number	
Sort Code	
SWIFT Code	
IBAN	

Client Money/Fiduciary Funds Account Details (if applicable)	
Bank Name	
Bank Address	
	Postcode:
Your Reference	
Account Name	
Account Number	
Sort Code	
SWIFT Code	
IBAN	

## Section 9 – Inksurance Products

Please fill in all sections.



### Has any Director, Partner, Proprietor or Manager personally or by association:

If any of the below questions are answered as 'Yes', please provide further details in the box provided.

	YES	NO
Been convicted of a crime involving dishonesty or breach of trust?		
Been charged with or convicted of a criminal offence other than a minor motoring offence in the last twelve months?		
Been disqualified under company law?		
Been found liable for negligence, fraud, wrongful trading or malpractice in connection with business activity?		
Been declared insolvent, bankrupt or made any similar arrangement with creditors?		
Been refused membership, censured, fined, disciplined, suspended, or expelled by any insurance industry regulatory body or trade association?		
Had a licence, authorisation or registration to conduct insurance business suspended, withdrawn or not renewed?		
Has your company been involved in any legal/court proceedings in the last 12 months?		
Is your firm or any Director, Principal, partner or key member of staff a specifically designated person under a financial sanction regime, or the subject of sanctions targets as designated by the US Office of Foreign Assets Control, the European Union, or HM Treasury?		

- I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Producing Broker (see 'Terms' below).
- I declare on behalf of the Producing Broker that, to the best of my knowledge and belief, the information contained in and attached to this application information is accurate, complete, up-to-date and purports to be comprehensive and not misleading.
- I acknowledge and agree on behalf of the Producing Broker that any information provided pursuant to the application constituting personal data may be stored at and/or processed in accordance with our Privacy Statement (available on request).
- I acknowledge that, where circumstances lead Inksurance to suspect bribery, corruption, or other financial crime in relation to business with the Producing Broker, additional due diligence may be carried out and further steps taken, including, the notification to the relevant authorities, status and credit checks using credit reference agencies, and other background checking, as deemed appropriate.
- Undertake to immediately advise Inksurance of any material changes to information contained within this questionnaire, being matters of which Inksurance would reasonably expect notice.

<b>Name</b>	
<b>Position</b>	
<b>Signature</b>	
<b>Date</b>	



Inksurance Ltd is a trading style and Appointed Representative of Movo Insurance Brokers Ltd.

Movo Insurance Brokers Ltd are authorised and regulated by the Financial Conduct Authority, authorisation number 515938.

Registered Office: 63 Cotmandene Crescent, Orpington, Kent, BR5 2RA Registered in England  
No: 07176446