



# Application to trade with Allianz Insurance plc

Allianz Insurance plc

**Allianz** 



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(Please use block letters and tick where appropriate)

Please indicate facility(ies) required:

**i** Allianz Commercial

Yes  No

**ii** Allianz Personal

Yes  No

**iii** Allianz Engineering

Yes  No

## Company Details

**1 a** Registered name of applicant

**b** Trading name of applicant

**c** Company registration no.

**2** Business address of applicant

Postcode

Telephone no.  Facsimile no.

E-mail address

**3 a** Registered address of applicant.

Postcode

**b** Other addresses (e.g account statement address)

**i**   
 Postcode

Telephone no.  Facsimile no.

E-mail address

Use this address for

**ii**   
 Postcode

Telephone no.  Facsimile no.

E-mail address

Use this address for

**4 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**d** Have you ever had your FSA registration revoked, withdrawn or cancelled?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

5 Please indicate the nature of your insurance trading concern:

Sole Trader  Limited Company  Partnership  plc  Other

6 If a limited company, please give the following details:

Authorised share capital £  Issued share capital £  Paid up share capital £

7 Date that you were established

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

9 Is there an ultimate holding company or any subsidiary/associated companies?

Yes  No

If **Yes**, please give details

10 Please provide details and a photocopy of your Consumer Credit Act 1974 Licence/Certificate.

Attached

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

<b>a</b> Personal Lines	Motor: £ <input type="text"/>	Household: £ <input type="text"/>
<b>b</b> Commercial Lines	Commercial Motor: £ <input type="text"/>	Motor Trade: £ <input type="text"/>
	Property: £ <input type="text"/>	Casualty: £ <input type="text"/>
	Packages: £ <input type="text"/>	Engineering: £ <input type="text"/>

12 How many agency facilities do you currently hold overall?

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

14 **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.

14 **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.



## Personal Details

- 16** If you or any Director, Partner, Member, Proprietor or Controller is involved in any other business, please give details of the business assets and liabilities of those other interests.

- 17** 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?

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

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <b>i</b> Previously held or applied for an Allianz Insurance plc agency?  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>ii</b> Had any agency or similar facility/agreement with any Insurer refused, revoked or terminated?   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>iii</b> Been subject to disciplinary proceedings instituted by any professional or regulatory body?  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>iv</b> Been convicted of any criminal offence?   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>v</b> 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? | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| <b>vi</b> had credit facilities refused, revoked, curtailed or terminated?  | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |

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

## Financial Details

- 19 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**

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

Postcode

- 21** Please provide a photocopy of your latest accounts.

Attached

## Professional Indemnity Insurance

**22 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

	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**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

## Premises and Staff

**23** Please state total number of staff employed excluding Directors or Partners.

**24** What insurance industry experience do they have?

**25 a** Do you encourage studying for professional qualifications?

**b** What qualifications do they have?

**c** What proportion of your staff are professionally qualified?

**26** How do you ensure the ongoing competency of your staff?

**27** Please provide main contact names, positions and responsibilities held within the business.

**28** Are the business premises owned by the business or individual?

And state value

**29** Type of Premises

## Systems Details

**30** Do you operate a computer system? Yes  No

If so, please provide the following details:

- i** Software provider and version
- ii** Quotation capabilities. Yes  No
- iii** Administration system. Yes  No
- iv** Accounts system. Yes  No
- v** EDI capabilities. Yes  No
- vi** Network ID number.
- vii** Mailbox number.

**31** If you do not operate a computer system, how is client information stored?

**32** Do you have a web-site? Yes  No

If so, please provide the following details:

- i** Address.
- ii** Is the site interactive? Yes  No
- iii** Does the site have quotation capabilities? Yes  No
- iv** Are prospective policyholders able to effect cover via the site? Yes  No
- v** What percentage of your business is handled in this way?
- vi** Are you registered to use 'imarket'? Yes  No



## Declaration

- 33 i** I/we, the Director(s) apply to be appointed as an Independent Intermediary of Allianz Insurance plc in respect of general insurance (non-marine) business on the basis of the Terms and Conditions forming part of the Company's Agency Appointment and the commission terms in force.
- ii** I/we understand that Allianz Insurance plc may take up references in connection with the application.
- iii** I/we understand that Agency facilities are not granted until an Allianz Insurance plc Terms of Business Agreement has been issued and the acknowledgement form has been signed, dated and returned to us.
- iv** I/we confirm that I/we am/are authorised by those involved to provide personal details in connection with these individuals , for the purposes of this application.

## Data Protection Notification

Allianz Insurance plc may use the personal details you give us or supplied by third parties to administer your agency facilities with us. We may search the files of Credit Reference Agencies, who may keep a record of the search, to support the development of our business by including your details in Agency Surveys and for market research and compliance business reviews. We may also share your details with the appropriate regulatory authorities and other insurance companies.

We will store your details but will keep them no longer than is necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all the information we hold about you.

Details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of the UK law.

Authorised Signature	<input type="text"/>	Date	<input type="text"/>
Name (please print)	<input type="text"/>		
Designation	<input type="text"/>		



[www.allianz.co.uk](http://www.allianz.co.uk)

Allianz Insurance plc. Registered in England number 84638  
Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is a member of the Association of British Insurers and the Financial Ombudsman Service.  
Allianz Insurance is authorised and regulated by the Financial Services Authority. Our registration number is 121849.  
This can be checked by visiting the FSA website at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234