

# AGENCY APPLICATION FORM



# YOUR CHECKLIST

Checklist of information and documentation which must accompany your application

A specimen copy of your Company's letterhead

A copy of your Bank Trust Letter for the Bank Account holding LV= monies.

A copy of the Executed Trust Deed (if a non statutory trust account is in operation)

A copy of the Executed Trust Deed (if a non statutory Risk Transferred Money trust account is in operation)

A FULL copy of your last 3 years audited accounts (latest accounts should be under 12 months old)

A copy of your management accounts if your report and accounts are over 12 months old

A copy of your first year trading accounts (monthly accounts)/business plan for new start ups

A copy of your current Professional Indemnity Insurance Certificate

A copy of your Certificate of Incorporation

Completed Parental/Personal Guarantee Agreement(s) if requested

# LV= Broker Agency Application Form

## Section 1 – Intermediary Details

Intermediary Name

Trading Title / Names  
(including Names of Partners)

Business Address

Postcode

Accounting Address  
(if different to above)

Postcode

Telephone Number

FAX No

Website address

Main Email Address

Company Registration No

FSA Registration No

Data Protection No

Registered Office Address  
(if different from above)

Postcode

Previous Trading Names,  
Titles or Styles

Date Business Established

 /  / 

Number of Staff

Type of Premises  
(Office, Shop, Private Dwelling)

Number of Offices

## Additional Office Information

If you trade from more than one office please provide full details of all offices, including address and telephone number, and attach this as a separate sheet to this application form.

Sheet Attached YES  NO

Please provide a breakdown/list of shareholders holding more than a 3% shareholding

Business Type

Limited Company

Public Limited Company

Limited Liability Partnership

Partnership

Sole Trader

Private Unlimited

Name of Ultimate Holding Company, Parent Company, Subsidiary Company(s) or Associated Company(s) and Partnerships

1. Name

Company Registration No:

Relationship

2. Name

Company Registration No:

Relationship

3. Name

Company Registration No:

Relationship

Additional relationships should be attached to this Application on a separate sheet.

Have you previously applied for, or do you have any other, agency facilities with LV=, ABC Insurance or Highway Insurance Company Limited? YES  NO

If YES please provide name

Are you associated with any other firm of insurance intermediaries? YES  NO

If YES please provide details

Are you associated with or controlled by any other company not connected with the insurance industry? YES  NO

If YES please provide details

Is Income derived solely from Insurance Mediation activities? YES  NO

If NO please give details

Please provide details of any Networks, Trade organisations, Associations or Marketing Groups of which you are a member:

Please provide full details of any introducers, sub agency or sub broking or appointed representative arrangements you presently have. Sub broking is not permitted unless it is with our prior written permission. Please note we do not cascade risk transfer. Please attach a separate sheet(s) if necessary.

Are you a sub agent or appointed representative for any other insurance intermediary? YES  NO

If YES please provide details

If you have FSA permission to give advice to retail customers, could you please indicate which type of sales advice is given?

Face-to-face  Telephone  Internet (own site)  Aggregator  Do not give advice

Do you source business from Aggregators? YES  NO

Do you use any claims management (legal expenses/ULR) companies? YES  NO

If YES please provide details

Do you or any directors have any financial or controlling interest in any of the above claims management companies?

YES  NO

If YES please provide details

Compliance Contact

Name

Email

Tel No

Address   
Postcode

Accountants / Auditors

Name

Address   
Postcode

## Section 2 – Finance, Regulatory and Professional Indemnity Arrangements

Do you have FSA authorisation to hold/control Client Money? YES  NO

Is a separate designated Bank account maintained to hold Insurer money and/or Client Money? YES  NO

Bank Details (where LV= premium monies are held)

Bank Name

Branch

Address   
Postcode

Please provide details of the Account Name, Account Number and Sort Code from which you intend to transact LV= related activities:

Account Name

Account Number

Sort Code  /  /

Is the Bank Account used to hold Insurer funds a:

Insurance Brokers Insurers' Trust Account (Risk Transfer - Deed required)

Statutory Trust Account

Non Statutory Trust Account (Deed required)

Other (please specify)

Please provide with this application form a copy of the following:

Bank Trust Letter (demonstrating that a Trust account has been set up in accordance with the Financial Services Authority CASS Rules)

Please provide a copy of the relevant executed trust deed if applicable;

Executed Trust Deed (if a Non Statutory Trust account is in operation).

Executed Trust Deed (if a Non Statutory Risk Transferred Money Trust is in operation)

Date Trust Status applied to Bank Account noted above:

/ / 

Please provide details of any charges on this account:

Permission to Request a Bank Reference

YES  NO

Do you currently hold a Consumer Credit license?

YES  NO

Do you offer premium instalment facilities (either through your consumer credit license or through an external agency?)

YES  NO

If through an external agency please provide details here:

Do you use your own banking facilities for the provision of instalment finance?

YES  NO

In which Month does your Financial Year End:

Please provide the following:

A FULL copy, including Balance Sheet and Profit & Loss, of your last three years audited accounts (latest set should be under 12 months old)

A copy of your management accounts if your report and accounts are over 12 months old

A copy of your first year trading accounts (Monthly accounts/Business Plan for new starters)

Professional Indemnity Insurance

Insurer Name

Limit of Indemnity

Expiry Date

/ / 

Please provide details of any claims, including amounts, made in the last 5 years against your professional indemnity insurance

We acknowledge that it is a condition of any agency agreement that adequate, as specified by the FSA, professional indemnity insurance be maintained at all times.

### Section 3 – Directors/Partners and Principals

Please complete in respect of ALL Directors, Non Executive Directors, Shadow Directors, Principals and Partners and if necessary attach a current C.V. If necessary please photocopy this section to add additional directors details and attach to completed application.

Name in Full:

Other Names/Titles used currently or previously

Date of Birth:  /  /

FSA Individual Reference No:

Position/ Year of appointment to present position

Professional Qualifications/Memberships

Business History/Experience  
(including current/previous Directorships/  
Partnerships and Sole Trader Interests)

Private Home Address (including Postcode)

Personal Guarantee Completed and Enclosed (if requested)

We will make a search of your company with a credit reference agency which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We will monitor and record information relating to your trade credit performance, and such records relating to the applicant and the Principals will be made available to, and may be shared with other organisations, insurers and trade associations to assess applications for credit, for the recovery of debts, for the purpose of Agency Management, fraud prevention and the tracing of debtors.

I agree to personal credit searches being undertaken in relation to the information I have provided above.

Signature

.....  
Name in Full:

Other Names/Titles used currently or previously

Date of Birth:  /  /

FSA Individual Reference No:

Position/ Year of appointment to present position

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Signature

## Section 4 – Additional Information

Leading 5 agencies held by premium income

EDI Quotation system used including Version Number

Do you have a Bespoke version of the proprietary system used?

YES  NO

If YES please provide details

If YES which documents do you issue?

Temporary Cover Note

Certificate

Schedule

Proposal/SOF

Key Facts

Please tick if you have EDI facilities:

Private Car

YES  NO

Motorcycle

YES  NO

Commercial Vehicle

YES  NO

Household

YES  NO

SCID and Mailbox for EDI system

What percentage of your business is conducted by EDI?

 %

Annual Premium Turnover

Private Car

£

Motorcycle

£

Taxi

£

Fleet

£

Commercial Vehicle

£

Travel

£

Personal Accident

£

Household

£

Property

£

Liability/CAR

£

Rescue / Breakdown

£

Other (specify)

£

TOTAL GWP

£

## Section 4 – Additional Information

Main Contact

Name

Job Title

Tel No

Email

Personal Lines Contact

Name

Job Title

Tel No

Email

Commercial Lines Contact

Name

Job Title

Tel No

Email

## Section 5 – Declaration

Have you or any of the Company Directors, Principals, Partners or Managers ever had an Agency terminated or had an application to enter into agency agreement refused or declined?

YES  NO

If yes please provide details

Have you or any of the Company Directors, Principals, Partners or Managers or any other organisation in which you or they have held a managerial/directorship position ever been, or is aware of any circumstances, which may result in being subject to disciplinary proceedings instituted by any professional or regulated body?

YES  NO

If yes please provide details

Have you or any of the Company Directors, Principals, Partners or Managers or any other organisation in which you or they have held a managerial/directorship position ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgment, an administration order or entered into an arrangement with creditors or is any such matter pending?

YES  NO

If yes please provide details

Have you or any of the Company Directors, Principals, Partners or Managers ever been convicted or charged with (but not yet tried for) of a criminal offence other than a motoring offence involving a non custodial sentence?

YES  NO

If yes please provide details

Have you or any of the Company Directors, Principals, Partners or Managers made any previous PI Insurance Claims?

YES  NO

If yes please provide details

## Declaration

I/We wish to apply to Liverpool Victoria Friendly Society Limited to enter into an Intermediary Trading agreement. I/We declare that the information given in this application is true and complete and this application shall be the basis of any agency appointment.

I/We undertake to advise immediately details of any changes to the enclosed information. This undertaking is to be a continuing obligation on our part and, in particular, will survive the entering into by us of any Agency appointment. I/We confirm that references may be sought from any source as considered necessary in relation to this application. The information you give will also be used by us for business analysis and market research, and by other organisations including law enforcement agencies, both here and abroad to help prevent fraud and money laundering. For example, it may be used to recover a debt, or to check your details when applying for, and during the administration of insurance and finance products, services and employment. The credit search we carry out can only be seen by you if you request a credit report and not by any other company who may conduct a search.

If you want to know more about these agencies please write to GFC, County Gates, Bournemouth, BH1 2NF I/We acknowledge that information will be monitored and recorded on an ongoing basis in relation to our trade credit performance, and such records, relating to our company and our principal directors will be made available to, and may be shared with, other organisations, insurers and trade associations to assess applications for credit, for the recovery of debts, for the purpose of Agency Management, fraud prevention and the tracing of debtors.

For the purposes of the Data Protection Act 1998 the data controller in relation to the information we supply is Liverpool Victoria Friendly Society Limited.

By signing this document I/We agree that Liverpool Victoria Friendly Society Limited may hold and process, by computer or otherwise, any information about me/us resulting from this application.

I/We also agree that information Liverpool Victoria Friendly Society Limited has obtained in relation to my/our application can be shared by Liverpool Victoria Friendly Society Limited with other group companies, whether resident in the UK or overseas, to review my application for credit assessment purposes, for marketing purposes, and to help Liverpool Victoria Friendly Society Limited to carry out research or provide statistical analysis. I/We acknowledge our legal right to receive a copy of any information held about us on payment of a small fee to Liverpool Victoria Friendly Society Limited.

Liverpool Victoria Friendly Society Limited may also release any information to any person who takes over their rights under this application.

Name	Position	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Note: If your business is a Partnership **ALL** Partners must sign above.

## Additional Information

## Additional Information Continued



LV= Insurance ♥ Highway Insurance ♥ ABC Insurance

[LVbroker.co.uk](http://LVbroker.co.uk)

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