



AmTrust Europe
An AmTrust Financial Company

AmTrust Europe Limited
Market Square House, St James's Street Nottingham NG1 6FG
Tel: 0115 9411 022 Fax: 0115 9411 316 Email: nottingham@amtrusteurope.com

Private & Confidential

AGENCY APPLICATION for AmTrust Europe Limited

To be completed in BLACK INK in BLOCK CAPITAL LETTERS by the Applicant
If necessary please attach additional sheets

Section 1

- 1.1 Full legal name of applicant _____
- 1.2 Trading name
If applicable _____
- 1.3 Business address _____
- 1.4 Contact name _____
- 1.5 Position _____
- 1.6 Department _____
- 1.7 Phone number _____
- 1.8 Fax number _____
- 1.9 Email address _____
- 1.10 Website address _____
- 1.11 Where did you hear about Us _____

Section 2

- 2.1 Principle activities of business _____
- 2.2 Trading status
Please circle applicable status Sole Trader / Partnership / Limited Liability Partnership / Limited Company / Public Limited Company
- 2.3 Company registration number _____
- 2.4 Place of incorporation _____
- 2.5 Date trading commenced
Or date of incorporation _____
- 2.6 Parent Company _____
- 2.7 Registered Address
If different from section 1

_____ Postcode _____
- 2.8 Legal & beneficial Ownership
Please give full details _____
- 2.9 Subsidiary companies _____



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- 2.10 Associated companies _____

- 2.11 Are you registered with the FSA? Yes / No
Please circle applicable
- 2.12 If yes, please supply registration number _____
- 2.13 If No, have you applied to be registered with the FSA? Yes / No
- 2.14 Are you registered under the Data Protection Act 1988 Yes / No
- 2.15 If yes, please provide registration number _____

Section 3

For reference purposes, please provide details of the following bank accounts

3.1 **Insurer / Client Money Account (Statutory or Non Statutory Trust** please circle applicable type)

- a) Bank Name _____
- b) Name of account _____
- c) Account number

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- d) Sort code

		-			-		
--	--	---	--	--	---	--	--
- e) Contact name _____
- f) Contact phone number _____

3.2 **Business Account**

- a) Bank Name _____
- b) Name of account _____
- c) Account number

--	--	--	--	--	--	--	--	--
- d) Sort code

		-			-		
--	--	---	--	--	---	--	--
- d) Contact name _____
- e) Contact phone number _____



Section 4

Please provide details of your accountant or auditor

Please attach a copy of your latest audited accounts

4.1 Company Name _____

4.2 Address _____

 _____ Post code _____

4.3 Contact name _____

4.4 Phone number _____ Ext _____

4.5 Fax Number _____

4.6 Email address _____

4.7 Date of financial year-end

		/			/				
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Section 5

Please provide details of your professional indemnity insurance

Please attach a copy of your certificate with your application

5.1 Name of insurer _____

5.2 Policy number _____

5.3 Renewal date _____

5.4 Limit of indemnity _____

Section 6

List all principals, partners and directors

Please attach curriculum vitae of the principals, partners and directors

6.1 Name

Date of Birth

		/			/		
		/			/		
		/			/		
		/			/		
		/			/		
		/			/		
		/			/		



Section 8

Please provide details of two (2) insurance companies with whom you hold your largest accounts and to whom we may apply for reference

8.1.1

- a) Company name _____
- b) Address _____

_____ Post code _____
- c) Agency number

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- d) How long agency held? Years Months
- e) Contact name _____
- f) Telephone number _____

8.1.2

- a) Company name _____
- b) Address _____

_____ Post code _____
- c) Agency number

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- d) How long agency held? Years Months
- e) Contact name _____
- f) Telephone number _____
- e) Contact name _____
- f) Telephone number _____



Section 9

Declaration

I/we* hereby apply to the AmTrust Europe Limited for an agency for the purpose of transacting insurance business.

I/we* declare that the information given in this application is true and complete and I/we* agree that this application shall be the basis of any agency appointment. I/we* understand that if it is found that any information provided is untrue, the appointment may be terminated at the sole discretion of the company.

I/we* also undertake to advise AmTrust Europe Limited promptly and in writing of: -

- *Any change of address*
- *Any changes of directors, controllers, principals or partners*
- *Any sanctions imposed by the FSA*
- *Any changes of capital structure or partnership agreement*
- *In the event of the agent becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors or a receiver being appointed*
- *Any partner, director or controller of, or employed, by the agent is or becomes subject to disciplinary proceedings instituted by any professional similar body*
- *Any convictions for criminal offences (other than motoring offences) of any director, controller, principal or partner occurring after the date of this application*
- *If any agency appointment with another insurer is terminated*

I/we* undertake to maintain in force professional indemnity insurance in accordance with the current regulatory requirements and to inform the company if this requirement is no longer complied with.

I/we* give consent for AmTrust Europe Limited to apply to credit reference agencies for a credit status enquiry relating to your agency.

I/we* give consent for AmTrust Europe Limited to apply to our bankers for a credit status enquiry relating to both our current & insurer/client accounts

* Delete as appropriate

Signed _____ Name _____

Position _____ Date _____

DATA PROTECTION

By signing this Agency Application Form you consent, both for your firm and for the individuals you tell us about, to AmTrust Europe Limited and/or any member of the AmTrust Financial Group company using the information you supply for the purpose of managing the agency relationship. This will include agency administration and processing, fraud prevention, legal proceedings, trade references, credit searches, enquiries, records and discussions. Some of the information may be passed to business partners of the AmTrust Financial Group, the Regulator, relevant trade associations, appropriate credit bodies and forums, fraud prevention registers and lawyers acting on our behalf.

In addition the information you have supplied may be used by the AmTrust Group to advise you of other products or services that may be of interest. We may share your information with our associated service companies and third parties with whom we have a business relationship. They or we may contact you to tell you about services which may be of interest to you or to provide you with commercial updates. The information you have supplied to us is confidential and will only be used for marketing purposes with your consent. If you do not wish to be contacted for marketing purposes, please tick this box.



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Section 10

GUARANTEE (S)

To be completed by all directors of limited companies
Please copy this sheet to accommodate all directors

In consideration of AmTrust Europe Limited appointing the applicant
(full name of applicant)

As an agent, I, the undersigned, a director, guarantee payment of all accounts and other sums and amounts at any time owing by the applicant to AmTrust Europe Limited.

The company may without any consent from the guarantor and without affecting the guarantor's liability hereunder renew vary or determine any accommodation given to the applicant or hold modify or release any guarantee now or hereafter held from the applicant in respect of the liabilities hereunder secured.

This guarantee shall be governed by English Law and each party shall submit to the jurisdiction of the English courts.

Guarantor

Signed _____

Name _____

Date

		/			/		
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Witness

Signed _____

Name _____

Address _____

Post code _____

Date

		/			/		
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Section 11

ABOUT YOUR BUSINESS

11.1 If an agency is granted, what is your anticipated sales volume in the first 12 months? £ _____

11.2 What is your current premium income? £ _____

11.3 Anticipated sales volume:

a) Residential Let £ _____

b) Caravan £ _____

c) Legal expenses £ _____

d) GAP / RTI £ _____

e) Professional Indemnity £ _____

f) Extended Warranty £ _____

g) Liability £ _____

h) Other (please state Class of Business) £ _____

11.4 Do you use broker software? Yes / No

11.5 If yes, which? _____
E.g. MISYS, Cheshire etc

For AmTrust Europe Limited use only

Approved by _____ *Signed* _____ *Print name* _____

Position _____ *Credit Limit* _____

Date _____

Approved by _____ *Signed* _____ *Print name* _____

Position _____ *Credit Limit* _____

Date _____