



Application for agency facilities to transact insurance business

24/05/2018

Please Note

- The Company may undertake searches with credit reference agencies, which will keep a record of that search and may share that information with other businesses.
- The Company may also make enquiries about the individual directors, shadow directors, partners or principals with credit reference agencies.
- 'You' in the context of this application means you (individual directors, shadow directors, partners or principals) and/or your firm/business/company.
- Completion of this application form does not give tacit approval or otherwise grant agency facilities and in no way confers authority on you to place business with the Company.
- The Company reserves the absolute right to decline this application and may do so without identifying any reasons why.

Completing this Application

Please answer all questions fully and completely and provide supplementary details where appropriate. Failure to do so will delay us processing your application.

We suggest you complete this application form 'on screen' then print, sign and return the same with any accompanying documents (e.g. last regulatory return and most recent financial statements) to:

Thomond Underwriting Limited

At their offices located in either:

63 Fitzwilliam Square, Dublin 2

Or:

11 Lough Yoan Way, Killyhevin Industrial Estate, Enniskillen, Co Fermanagh. BT74 4EJ

About Your Company

Full Business Name (and Trading Name if applicable)	
Trading Address	
Postcode (if applicable)	
Telephone Number	
Fax Number	
Contact Names & Email Address(es) of Main Contacts:	
• Business Development	
• Claims	
• Accounts	
• Compliance	
Website Address	
Date Established and Number of Years Trading	
If Limited Company, please give details of:	
• Registered Office	
• Registered Number	
Previous Business and/or Trading Name(s) and/or Address(es)	
Number and Location of Other Offices	
Name and Address of:	
• Your Principal Bankers	
• Your Accountants	
• Your Auditors	

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About Your Regulatory Status

Regulatory Authority Name and Register Number	
Have you ever: (If you answer YES to any of these questions, please provide FULL DETAILS).	
Been subject to an on-site visit, inspection or audit by any regulatory authority?	
Been subject to any fine or censure imposed by any regulatory authority?	
Had any regulatory permissions or authorisations varied, amended or terminated by any regulatory authority?	
(Please provide copies of the last 'return' you have made to your regulatory authority and a copy of your most recent annual financial statements with this application).	

Details of Your Professional Indemnity Insurance

Name and Address of Insurer	
Renewal Date and Policy Number	
Indemnity Limit and Excess	
Have you ever: (If you answer YES to any of these questions, please provide FULL DETAILS).	
Had Professional Indemnity Insurance Cancelled or Refused?	
Made a Claim (or been claimed against) under your Professional Indemnity Insurance?	
(Please include a copy of your Professional Indemnity Insurance certificate with this application).	

About the Business You Place

Gross Written Premium (Please indicate split between € and/or £)	
Property	
Liability	
Commercial Combined	
Contractors All Risk / Contractors Plant & Equipment	
Personal Accident	
Surety Bonds	
Professional Indemnity	
Commercial Motor (including fleet)	
Schemes	
Location of Business (Please indicate the Counties in which most of your Liability/Property Business is Located)	
Republic of Ireland	
Northern Ireland	
Elsewhere in the UK	
Do you act in a wholesale capacity i.e. receive business from sub agents? (If you answer YES to this question, please provide FULL DETAILS).	
<p>Please note that:</p> <p>a) Our standard Terms of Business Agreement does NOT automatically permit wholesaling/sub broking. This is something we need to know about and give prior permission for.</p> <p>b) If we do permit wholesaling/sub broking, we do NOT allow credit risk transfer to be cascaded to your sub agents.</p> <p>Our appointed intermediaries remain wholly responsible for the conduct of their sub agents.</p>	

About the Insurers you Place Your Business with

Company (Ranked by size of account)	Gross Written Premium (Please indicate split between € and/or £)

1.	
2.	
3.	
4.	
5.	
In respect of these or any other Insurers with whom you currently or no longer hold Agency Facilities have you ever: (If you answer YES to any of these questions, please provide FULL DETAILS).	
Had any Agency Facilities suspended, withdrawn or cancelled?	
Had your Credit Terms reduced or withdrawn? (i.e. become a cash agency)	

About Your Employees

Number of Employees: (Excluding directors, shadow directors, partners or principals)	
• Full Time	
• Part Time	

About Your Directors, Shadow Directors, Partners and Principals

1. Please complete for each individual director, shadow director, partner or principal	
Name and Age	
Home Address (Please include previous address if at current address for less than 3 Years)	
Professional Qualifications	
Number of Years of General Insurance Experience (and specifically in Liability /Property Insurance)	
Shareholding/Interest in this Business	
Shareholding(s)/Interest(s) in any other Business(es)	

2. Please complete for each individual director, shadow director, partner or principal	
Name and Age	
Home Address (Please include previous address if at current address for less than 3 Years)	
Professional Qualifications	
Number of Years of General Insurance Experience (and specifically in Liability/Property Insurance)	
Shareholding/Interest in this Business	
Shareholding(s)/Interest(s) in any other Business(es)	
3. Please complete for each individual director, shadow director, partner or principal	
Name and Age	
Home Address (Please include previous address if at current address for less than 3 Years)	
Professional Qualifications	
Number of Years of General Insurance Experience (and specifically in Liability /Property Insurance)	
Shareholding/Interest in this Business	
Shareholding(s)/Interest(s) in any other Business(es)	

4. Please complete for each individual director, shadow director, partner or principal	
Name and Age	
Home Address (Please include previous address if at current address for less than 3 Years)	
Professional Qualifications	
Number of Years of General	

Insurance Experience (and specifically in Liability Insurance)	
Shareholding/Interest in this Business	
Shareholding(s)/Interest(s) in any other Business(es)	

If more than 4 directors, shadow directors, partners or principals, please provide the information requested above in respect of each.

About your Control Framework

Please confirm that key control framework components are in place by indicating “Yes” or “No” in the relevant box. If no, please provide additional information.

<ul style="list-style-type: none"> ANTI-BRIBERY The Company is committed to ensuring that it carries out its business activities in a fair, honest and open manner, and is committed to taking a zero-tolerance approach towards bribery . The company has anti bribery policies/procedures.
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide details:</p>
<ul style="list-style-type: none"> FINANCIAL CRIME The Company has in place effective controls to minimise the risk of the Company and its associates being involved in Money Laundering and Terrorist Financing Activities. The company has Anti Money Laundering policies/procedures.
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide details:</p> <ul style="list-style-type: none">
<ul style="list-style-type: none"> SANCTIONS The company has processes in place to ensure that they do not provide products or services to Sanctioned persons or organisations.
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide details:</p> <ul style="list-style-type: none">
<ul style="list-style-type: none"> BUSINESS CONTINUITY (BCP) & DISASTER RECOVERY (DRP) The company has in place Business Continuity and Disaster Recovery arrangements
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please provide details:</p> <ul style="list-style-type: none">
<ul style="list-style-type: none"> TREATING CUSTOMERS FAIRLY The company confirms that have a Treating Customer Fairly Policy

Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details:
<ul style="list-style-type: none"> • DATA PROTECTION The company confirms that they are compliant with Data Protection Acts & General Data Protection Regulation
Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide details:

Declaration

In respect of each individual director, shadow director, partner or principal, have you ever: (If you answer YES to any of these questions, please provide FULL DETAILS).	
Had a County Court Judgement made against you?	
Become or been declared bankrupt or had a receiving order made against you?	
Made any composition or entered into any deed of arrangement with creditors?	
Been convicted of a criminal offence (other than motoring convictions)?	
Been barred from holding office as a company director?	
<p>For Data Protection Act purposes</p> <p>By signing this application form you consent to us and to our service provider processing personal data, including sensitive data to consider your request to provide you with agency facilities.</p> <p>You understand that this data may also be passed to carefully selected third parties, including credit reference agencies, to assist in the assessment of your application and we may rely on the information we receive to decide whether or not to proceed with appointing you.</p> <p>In signing this application you hereby confirm that you have the specific consent to disclose all personal data of those directors, shadow directors, partners and principals listed and named in this application and that such data is accurate.</p> <p>Should you be successful in your application, you acknowledge and accept that we, our outsourced service provider, and carefully selected third parties, including credit reference agencies may continue to process your personal data from time to time, to review your status as our intermediary and that the data may also be used for public relations and financial accounting and collection purposes.</p> <p>I/WE HEREBY APPLY FOR AGENCY FACILITIES WITH THOMOND UNDERWRITING LIMITED AND</p>	

CONFIRM THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND IN THE EVENT OF SUCH FACILITIES BEING GRANTED I/WE UNDERTAKE TO OBSERVE AND ABIDE BY THE CONDITIONS OF THOMOND UNDERWRITING LIMITED'S STANDARD TERMS OF BUSINESS AGREEMENT.	
Signature	
Date	
Name (Print)	
Position	
Note – Applications in respect of a Limited Company must be signed by a Director.	

Checklist

Please remember to submit the following information with this application form:

- A copy of your letterhead
- A copy of your most recent annual financial statements
- A copy of your last return to your regulatory authority
- A copy of your Professional Indemnity Insurance certificate

Please submit your application and the above information to our service provider:

Thomond Underwriting Limited

Marked Private and Confidential and for the attention of John O'Driscoll (Managing Director)

At their offices located in either:

**63 Fitzwilliam Square
Dublin 2**

Or:

**11 Lough Yoan Way
Killyhevin Industrial Estate
Enniskillen
Co Fermanagh
BT74 4EJ**