



AGENCY APPLICATION FORM

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| Name of Company | |
| Trading Name | |
| Registered Address | |
| Correspondence Address (If other branches please list) | |

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|---|--|--|
| Date Established | | |
| Telephone Number | | |
| Email Address | | |
| Name of Subs/Ass/Parent Company/ies | | |
| Please give details of all directors/partners | | |

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|---|--|--|
| FCA Registration Number | | |
| Are you an Appointed Representative | | |
| | If so, who to? | |
| | FCA Reg No | |
| Do you obtain business from | a) Appointed Representatives? | |
| | b) Introducer Appointed Representatives? | |
| Do you place business for other intermediaries? | c) Other intermediaries | |

Please give some approximate income for the following classes of business for the past 12 months

| | Direct | Sub-Agency |
|-------------------------|--------|------------|
| Commercial & Industrial | £ | £ |
| Personal Lines | £ | £ |
| Life & Pensions | £ | £ |
| Other | £ | £ |

Are you authorised by the FCA to hold client monies?

If so, do you keep monies in

A statutory trust a/c

A non-statutory a/c

A designated insurer a/c

Do you show monies held on behalf of insurers in your balance sheet

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|--------|
| Yes/No |
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Have you (if a sole trader) or any partner (if partnership) or any director (if a company) ever:

YES/NO

- a) Become bankrupt or had a receiving order made against you
- b) ever made any composition or entered into any deed or arrangement with creditors
- c) ever been convicted of any criminal offence?

(It is not required to include motoring convictions (other than those resulting in disqualification or imprisonment) nor convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.)

- d) Have you, any partner/director, of your firm, ever had an agency cancelled, terms imposed or any application for any agency refused?

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If you have answered yes to any if questions please give details below

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.

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| <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 as set out in the Bribery Act 2010. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <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. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <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. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| <ul style="list-style-type: none"> BUSINESS CONTINUITY (BCP) & DISASTER RECOVERY (DRP) The company has in place Business Continuity and Disaster Recovery arrangements that meet the regulatory guidelines. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> TREATING CUSTOMERS FAIRLY The company confirms that they comply with the FCA's high-level principle to Treat Customers Fairly ("TCF") and achieve the outcomes set out by the FCA. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> DATA PROTECTION The company confirms that they comply with all local data protection laws as set up in the General Data Protection Regulation (GDPR). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> TRAINING & COMPETENCY The company confirms that all Employees undergo a minimum of 15 hours Continual Professional Development ("CPD") each year which covers: <ul style="list-style-type: none"> - Anti-Bribery - Financial Crime including Anti-Money Laundering and Fraud - Sanctions - Treating Customers Fairly/Conduct Risk - Data Protection | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <ul style="list-style-type: none"> INSURANCE DISTRIBUTION DIRECTIVE (IDD) Do you disclose the nature of the remuneration received in relation to the contract to insurance eg on a commission basis which is included in the premium? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no to any of the above, please provide details: | |

I/We declare that the statements and particulars given above are true and complete and form the basis of any Agreement between Matrix Underwriting Management Ltd and the undersigned. I/We understand the Agreement will be terminated immediately should it be found that any information is untrue. I/We hereby agree that if any alterations occur in respect of any facts given in this Application from the date hereof and during any period in which the Agreement is in force I/we will immediately inform you of such.

Signature

Date

Name (in block capitals)

Position in Company

If you are applying for a "Risk Transfer" agreement please attach the following:

1. a copy of your last signed accounts and if overdue a copy of your most recent draft year end accounts,
2. your latest Management accounts, if the signed accounts are in respect of a year ending more than 6 months ago,
3. If your accounts do not show 'Insurer' account balances, please attach a statement from your accountant showing the 'Insurer' account balances,

Please return your application along with a copy of your professional indemnity policy to:

Matrix Underwriting Management Ltd
Hornigals
Little Tey Road
Feering
Colchester
CO5 9RS

Or email to quotes@matrixunderwriting.co.uk