

Agency Application

Terms in this form

In this form **Great American International Insurance (UK) Ltd (Great American UK)** uses the term 'you' or 'your' to represent any firm / individual with whom we propose to deal with, whose function may be to:

1. To introduce clients / potential policy holders to us
2. Assist us in obtaining business
3. To act as a third party administrator
4. To act as an MGA

Completing this form

Where handwritten responses are provided, please complete this form in black ink and write in block capitals.

A scanned version of the form and associated paperwork may be sent to the contacts below. In order for a scanned version to be accepted it must be sent from a corporate e-mail address.

Great American UK
rhayes@gaig.com
Postal address: The Compliance Manager Great American International Insurance (UK) Limited 32 Queen Square, Bristol, BS1 4ND, UK

1. General Information and Background			
Full title:			
Trading location(s) (Full address inc postcode):			
1.		Tel no.	
		Fax no.	
2.		Tel no.	
		Fax no.	
3.		Tel no.	
		Fax no.	
Principal Business Activities:			
General email address: (This address is used to correspond with you about all matters except Accounts and Compliance)			
Accounts email address: (If different from General)			
Contact Name for Compliance/Legal purposes:			
Claims email address: (If different from General)			
Main web site address:			
Date business established:			
Structure Chart:		Please attach your latest structure chart if available.	
Subsidiary Companies:		Please provide details of any subsidiary companies.	

2. FCA Authorisation:		
Firm reference number		
Name registered with FCA		
Connection between name shown by FCA and Title (if different)		
FCA regulated business authorised to write		
Do you use Appointed Representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes provide details of the Appointed representatives, and provide details of processes to maintain assurance over their regulatory competence.
If you operate on a FOS basis please provide details of passporting rights	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data protection	ICO registration number:	
Data Controller / Data Processor	Is the business registered as a Data Controller or Data Processor?	
Data Protection processes	Provide Privacy notice, SAR process, Data Breach process	
Describe the information security measures applied to data:	for example: encryption standards utilised, data storage and back-up security, site security	

3. Company Information			
Type:	Sole trader / Partnership / Limited Company/Other (please delete as appropriate)		
Corporate Registration Number:			
Employees:	Number		Number
	Full-time		Part Time
Memberships:	BIBA		Yes <input type="checkbox"/> No <input type="checkbox"/>
	IIB		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Network	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
	Others	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify:
Ownership:	Share Capital	Authorised £	Paid Up £
	Formal Agreement for Partnership?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Directors/Partners: (names of ALL principals must be shown) <i>Details of all directors, principals, partners and controllers.¹</i>	Full Name		% Share Holding or Partnership
Company ownership:	Who owns the company? If different to above, please give details of significant owners.		
Has any Director, Partner, Proprietor, Manager had:			
Any Agency or Agreement with any insurer refused or cancelled other than for reasons of lack of support?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Been adjudged bankrupt or subject to receiving order or County Court Judgement			Yes <input type="checkbox"/> No <input type="checkbox"/>
Had a licence, authorisation or registration to conduct insurance mediation business or any other regulated activity suspended, withdrawn or not renewed			Yes <input type="checkbox"/> No <input type="checkbox"/>
Been refused membership, censured, fined, disciplined, suspended, or expelled by any insurance industry regulatory body or trade association			Yes <input type="checkbox"/> No <input type="checkbox"/>
Been convicted of any criminal offence (not treated as a spent conviction under Rehabilitation of Offenders Act 1974) other than motoring convictions?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, to any of the above, please provide details:			

¹ For this purpose, a controller is a person who holds 20% or more of the shares or voting power in your firm, or holds voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm.

4. General Questions	
Do you have in place appropriate policies to manage conflicts of interest? (please provide policy documents)	
Do you have in place appropriate procedures to counter the risk of your firm becoming involved in bribery or corruption? (please provide policy documents)	
Do you have in place appropriate Procedures to verify the fitness and probity or competency of all staff members involved in key functions? (please provide policy documents)	
Do you have in place appropriate procedures to ensure that all staff members comply with competency requirements (please provide policy or other documents)	
Do any of the individuals listed in section 3, or any family members of these persons, currently or have previously held any position of responsibility with any government or any governmental agency? If yes please provide details	
Do you have in place a business continuity plan and is this plan periodically tested? (please provide process documents)	
Do you have in place a complaints handling policy? (please provide process documents)	

5. Financial information (please provide a copy of the last 2 years audited financial statements)

Financial year end:				
Please enclose a copy of your last 2 years Accounts:	Accounts enclosed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Accounts to follow:	Yes/No
Changes since Trading Accounts:				
Comments on Accounts:				
How is the business financed?: (include details of borrowings and security for loans etc)				

5. Bank details

Bank name:	Account Name:	Sort Code:	Account Number:
Separate office and clients accounts:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trust status:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

6. Professional Indemnity – Please Supply Certificate

Name of Insurer:	
Expiry date:	
Limit of Indemnity:	£ Aggregate or Any One Claim?
Any Claims: (please provide full details)	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide details)

7. Business Portfolio and Income			
<u>Business Type</u>	<u>Gross Premium Income £</u>	<u>Business Type</u>	<u>Gross Premium Income £</u>
Construction:		Financial Institutions:	
Contractors Plant:			
Leased Assets:			
Commercial Bonds:		Schemes:	
Trade Credit:			
Income from other sources:			

8. Main Other Agencies Held		
<u>Company</u>	<u>Location</u>	<u>Size of account</u>
Other agencies held:		
Agencies cancelled: (show reasons)		
Lloyds brokers:		
Lloyds syndicates:		

9. Computer system	
System provided by:	
Used for: (e.g. Office Administration, Client records, Accounts)	
EDI: (Imarket, Insurer, software house)	
Marketing organisations:	

10. Personal details of Principals

Provide details for at least the 3 main principals (directors or partners).

Principal 1

Name:		Date of birth:	
Home address:			

Principal 2

Name:		Date of birth:	
Home address:			

Principal 3

Name:		Date of birth:	
Home address:			

Principal 4

Name:		Date of birth:	
Home address:			

Principal 5

Name:		Date of birth:	
Home address:			

11. Underwriting Authority ² (only complete if seeking a delegated authority)

Current binders:	
Previous binders: <i>(include details of cancellation)</i>	
Details of authority sought <i>(please detail exposure levels & territories)</i>	
Details of underwriting team & structure <i>(please detail key personnel and level of experience including details of staff competency & training arrangements)</i>	

² If seeking underwriting authority please append business plan, containing at a minimum the information specified in Appendix 1

12. Claims Authority *(only complete if seeking delegated claims authority)*

<p>Overview of claims team & structure <i>(please detail key personnel and level of experience including details of staff competency & training arrangements)</i></p>	
<p>Is a claims escrow required <i>(please provide details of proposed value & authorised signatories)</i></p>	
<p>Overview / process chart for claims handling process:</p>	
<p>Do you have existing service level agreements or can you detail the service levels you propose to work to:</p>	

13. Signature

I can confirm that all the information contained within this document is correct to the best of my knowledge.

Signed:

Name: *(please print)*

Position in Company:

Date:

Data Protection

The details you have provided will be used by **Great American UK** in accordance with the Data Protection Act 2018 and other applicable laws. In providing or continuing to provide an agency we may need to collect data that the Data Protection Act 2018 defines as sensitive (such as financial data or criminal convictions). In addition, in order to process your information for the purpose of providing or continuing to provide an agency with us, it may be necessary to pass your information to selected third parties and other Group companies, some of whom are outside of the EEA. By proceeding with this application you signify your contractual agreement to holding and processing such data concerning you and your business in this manner.

Appendix 1 – Minimum Information requirements for Business Plan

If seeking delegated underwriting authority please append a business plan containing at a minimum the following information:

Company overview

- High level company overview
- Key staff including cv / career biography

Product details

- Outline of cover (Consumer / Non-Consumer)
- Sample policy wording if available
- Product oversight & governance details (outline of controls with respect to product suitability etc. please consult FCA IDD consultation)
<https://www.fca.org.uk/publications/consultation-papers/cp17-7-insurance-distribution-directive-implementation>
- Controls with respect to renewals where applicable
<https://www.fca.org.uk/publications/increasing-transparency-and-engagement-renewal-general-insurance-markets-ps16-21>

Underwriting

- Details of underwriting guidelines / philosophy
- Basis of delegated authority sought:
 - Discretion to set rates?
 - Authority on pre-determined rates?
 - Fixed product terms and conditions?
 - Escalation procedures
- Premium Projections
- Projected exposures
- Previous performance details
- Three year financial projections including analysis of the market

Claims

- Details of how claims will be notified to the underwriter
- If seeking claims handling authority, please provide details of administration & control framework

Client Money

- Details of client money arrangements

Reporting

- Overview of reporting capabilities
- Details of whether a system demonstration is available