



Insurance Company Limited

Sabre Insurance Company Ltd Reg. Office: Sabre House, 150 South Street, Dorking, Surrey RH4 2YY
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority

www.sabre.co.uk Company No. 2387080 Tel: 0330 024 4696 Fax: 0330 024 4697 info@sabre.co.uk

APPLICATION FOR AGENCY FACILITIES

Full name of individual or Company
Trading Style or Title
Trading Address
Postcode
Tel No. Fax No. e-mail address

Please indicate below the nature of your insurance trading concern:-
Limited Company Partnership
Sole Trader Other (please state)
How long have you been trading?

Please state your estimated Gross Written Premium for:
a) Motor b) Non-motor personal lines c) Commercial business
Please indicate the split in gross premium income between:
Private car CV Taxi
If you are a taxi specialist and are looking to acquire a taxi agency please ensure that you provide full details of your current taxi insurers on page 3 of this form.

If a Company
Please give the Registered Address
When was the company incorporated?
Please give the Registration number
Please state Share Capital: Authorised Issued Paid Up
Please give names of Major Shareholders (>20%) and their holdings
Are there any special charges or debentures on Capital or Assets? YES NO
If YES please give details
Please give details of any Holding, Parent or Associated Companies
If a Partnership, when was the partnership formed

Please give the following details for a Sole Proprietor or each Director/Partner and provide a CV for each person listed

Full name and private address.....	Are you engaged full time in the business	YES	NO
.....			
Full name and private address.....	Are you engaged full time in the business	YES	NO
.....			
Full name and private address.....	Are you engaged full time in the business	YES	NO
.....			
Full name and private address.....	Are you engaged full time in the business	YES	NO
.....			

How many staff do you employ?.....

Have you ever traded under any other title?	YES	NO
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If YES please give details of title and business.....

What is your FCA status?

What is your FCA registration number?

Are you a member of any professional bodies	YES	NO
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If YES please state a) Name of body.....b) Date of joining.....

Have you, any of your Partners, your Company or any of its Directors, ever been subject to erasure under any disciplinary proceedings by any professional body?	YES	NO
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If YES please give details and reason for erasure.....

Has any Insurer or professional body ever:

Refused you facilities or membership?	YES	NO
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If YES please give full details.....

Cancelled or withdrawn your account facilities or membership?	YES	NO
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If YES please give full details.....

Have you, any of your Partners, your Company or any of its Directors, ever been involved in liquidation, receivership, bankruptcy, an administration order or entered into an arrangement with creditors or is any such matter pending?	YES	NO
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If YES please give full details.....

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Have you, any of your Partners, your Company or any of its Directors, or has any organisation in which they have held a managerial position ever been convicted of any criminal offence or are such proceedings pending?	YES	NO
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If YES please give full details.....

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Do you hold a Credit Licence?	YES	NO
Do you offer your customers payment by instalments?	YES	NO
If YES, is this your own scheme or do you use a third party finance company?		
What are your instalment terms?		
Deposit at inception.....% balance paid overmonths	Deposit % at renewal.....% balance paid over.....months	

Please give the name and address of your bank.....postcode.....			
Do you operate:			
Client accounts?	YES	NO	If YES state account no.....
Business accounts?	YES	NO	If YES state account no.....
Insurance Broking accounts?	YES	NO	If YES state account no.....
Please give the name and address of your accountants and auditors.....			

NB Please attach a copy of your latest audited trading accounts

Do you hold a Professional Indemnity policy in respect of General Insurance placing?	YES	NO
If YES, please attach a copy		

<p>Please provide a full list of all insurance companies with whom you hold agency facilities, including the agency number. If you are a taxi specialist then ensure that you provide details of the insurance companies you currently trade with including underwriting agencies or wholesale facilities. (please continue on a separate sheet if necessary)</p>	
Insurance Company	Agency Number
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Please provide details of your guaranteeing agent if you have one.	
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What quotation system do you use?.....

Do you transact business via EDI?	YES	NO
Do you have a website?	YES	NO

If YES, please give address.....

Is the site interactive?	YES	NO
Does it provide quotations on-line?	YES	NO
Are your clients able to effect cover via the site?	YES	NO

What percentage of your business is internet generated?.....

IMPORTANT NOTICE

Sabre Insurance Company Ltd will use the information supplied on this form to check the financial status and credit rating of your company, directors, partners and other individuals with credit referencing agencies and other parties and this may be recorded. This will take place prior to agency facilities being granted and from time to time once an agency agreement is in force. In addition, Sabre Insurance Company Ltd may disclose such information to an agency or may share the information with other insurers and trade associations in the interests of fraud prevention, debt collection and agency management purposes.

Sabre Insurance Company Ltd is registered under the Data Protection Act 1988 as a Data Controller.

Sabre does not sanction the use of sub-agents. All contracts must be administered strictly between the policyholder, the agent and Sabre and all business placed with us must emanate only from the organisation to which agency facilities are granted except where previously agreed.

DECLARATION

I/We apply to the Company for appointment as agents and declare that the information given in this Application is true and complete and that this Application shall form part of the Agency Agreement.

I/We confirm that I/we will abide by the Terms and Conditions laid out in the Extract provided with this application.

I/We confirm that the above statements and particulars are true, and that you may make such enquiries from any credit reference agency or other party as you may consider necessary.

I/We consent to the disclosure and use of the information given in this Application in accordance with the important notice above.

Signed..... Date..... Position.....

* Applications by Limited Companies must be signed by a Director

Applications from non-limited or sole traders must be signed by either a partner or the proprietor