

SABRE

Insurance Company Limited

Agency Application Form

Sabre Insurance Company Ltd
Sabre House
150 South Street
Dorking
RH12 4JY

Company Registration Number: 02387080
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation
Authority: FRN 202795
Tel: 0330 024 4696 Fax: 0330 024 4697 e-mail: info@sabre.co.uk

Full name of company	
All Trading names of Company	
Full Postal Address & Postcode & Registered Office (if different)	
Telephone Number	
Email Address	
Email Address for Accounts Person/Team	
Website	
Date Company Established	
FCA Registration Number and status	
Company Registration Number (if registered at companies house)	

Directors/Partners information

Name	Home address & postcode

Has any Director, Partner or Executive ever been involved in liquidation, receivership, bankruptcy, an administration order or entered into an agreement with creditors or is any such matter pending?	(if YES please give full details)
Has any Director, Partner or Executive or has any organisation in which they have held a managerial position ever been convicted or any criminal offence or any such proceedings pending?	(if YES please give full details)
Has any Director, Partner or Executive ever been subject to erasure under any disciplinary proceedings by any professional body?	(if YES please give full details)
Has any Director, Partner or Executive or the company ever been refused facilities or membership by any Insurance Company or Professional body or had facilities or membership withdrawn?	(if YES please give full details)
Is the Company associated with any other Firm of Insurance Brokers, Intermediaries or Financial Advisers?	(if YES please give full details)
Is the Company Associated with, owned or Controlled by any other Company not connected with the insurance industry?	(if YES please give full details)

Business and financial information

When is your Financial Year End?	
What was your Turnover last Financial Year?	
What is your estimated Turnover for current financial year?	
Number of Full Time staff?	
Number of Part Time Staff?	
Type of business premises occupied (e.g ground floor, shop/offices, private house, first floor suite, call centre, etc)	

Name and address of your bank
Name and address of your accountants and auditors

Do you hold a Consumer Credit Licence?	
Are you registered under the Data Protection Act?	
Are you authorised by the Ministry of Justice in relation to claims handling under the Compensation Act 2006?	

Please provide your annual GWP

Products	Annual GWP £	Number of Clients
Private car		
Commercial Vehicle		
Taxi		
Non-motor Personal Lines		
Commercial Business		

Regulation and controls

Do you have permission from the FCA to hold client monies?	
If "YES" please confirm type of Bank Account used?	
Non- Statutory Trust Bank Account	
Statutory Trust Bank Account	
Other: Please give details	
If "No", please confirm type of Bank Account used?	
Company Trust	
BIBA Trust	
Other: Please give details	

Are you a registered member of any Governing Body or Trade Association or Professional Body? Which bodies are you Regulated by?	
Details if you are a part of any brokering network?	
During the last 36 months has your business been, or is it currently, subject to any regulatory or legal investigation or enforcement action? If yes, please detail	

Company policies

Please confirm you have the following policies in place and that they are implemented across your business or provide an explanation	YES/NO
Treating Customers Fairly	
Data Protection, Information Security and GDPR	
Privacy	
IT Security	
Anti-bribery and Corruption	
Code of Conduct and Business Ethics	
Business Continuity and Disaster Recovery Plan	
Environment	
Health and Safety	
Modern Slavery and Human Trafficking	
Money Laundering	
Equality	
Whistleblowing	
Sanctions	

Please confirm your 6 largest Accounts with whom you place business

Name of Insurer	Annual GWP £
1)	
2)	
3)	
4)	
5)	
6)	

Do you obtain business via Aggregators? If so which ones?	
---	--

<p>Do you use Appointed Representatives, sub-agents or introducers?</p> <p>If so, please provide full details (if you need more space please give details on a separate page)</p>	
---	--

Computer Systems	Details
<p>Please indicate which computer systems/software houses you use?</p> <p>CDL – Classic CDL - Strata Acturis Applied Systems OpenGi TGSL SSP M3 Electra SSP Pure Other: (please state)</p>	

IMPORTANT NOTICE

Sabre Insurance Company Ltd will use the information supplied on this form to check the financial statues 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 form 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 automatically sanction the use of Appointed Representatives and sub-agents and use of same must be agreed separately. 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 Sabre Insurance Company Ltd 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 Terms of Business Agreement (TOBA).

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 statement 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.

This application form has been completed by:

Signed

Full name

Date

Position in the company

Please attach the following documents, along with this completed agency application form.

Documents to attach	Checklist
Last financial year set of Accounts-including the Auditors Report	YES/NO
CV's for all Directors/Partners	YES/NO
Copy of your latest Professional Indemnity Insurance Certificate	YES/NO