Broker Application Form

Sabre Insurance Company Ltd
Sabre House
150 South Street
Dorking
RH4 2YY

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
Company No. 2387080 Tel: 0330 024 4696 e-mail: ***info@sabre.co.uk***

We take the privacy of your information seriously. In order to understand how we collect, process, transfer and store your personal information,
our Privacy Policy can be accessed by visiting our website ***www.sabre.co.uk/privacy-policy***

Version October 2025

Full name of company	
All Trading names of Company	
Full Postal Address & Postcode & Registered Office (if different)	
Telephone Number	
Email Address for Underwriting issues or documentation	
Email Address for Accounts Person/Team	
Email Address for Claims information	
Preferred statement type – (All statements are electronic and will be sent via email to the address you have provided above)	PDF or Excel Payment of accounts is only accepted via BACS or CHAPS
Website	
Date Company Established	
FCA Registration Number and status	
Company Registration Number (if registered at companies house)	
Please confirm if your sales are Advised, non-Advised or both (FCA Handbook – ICOBS 5.3 provides guidance)	

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been refused facilities or membership by any Insurance Company or Professional body or had facilities or membership withdrawn?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? (please provide your licence number)	
Are you registered under the Data Protection Act? (please provide your registration number)	
Are you authorised by the Ministry of Justice in relation to claims handling under the Compensation Act 2006? (please provide your authorisation number)	

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	

Are you a registered member of any Governing Body or Trade Association or Professional Body? Which bodies are you Regulated by?	
Do you belong to any brokering network? If so, are you applying to us under the terms of that network or as an independent agent?	
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 details	
Do you own or outsource any business to call centres which are not based in the UK? If yes, please provide full details	

Please confirm your 6 largest Direct Insurance Agencies with whom you place business (Not MGAs or Sub-broking facilities)

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

Do you have an online quote and buy facility? If so, please confirm the name of the supplier Do you obtain business via Aggregators? If so, which ones?	

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

Computer Systems	Details
Please indicate which computer systems/software houses you use for quotes and policy administration. What is your SCID number and, if on OpenGi, your mailbox number? CDL – Classic, CDL – Strata, Acturis, Applied Systems, OpenGI – Core, TGSL – Mobius, SSP – M3_Electra, SSP – Pure, Other (please state)	

Which lines of business do you require?	
Gross or Net rated?	
Do you expect Sabre policy wording to apply or broker branded policy wording? If branded, do you have multiple brands? Please provide a summary of the differences.	
Does your system ask any broker specific questions – ie CDL DUQs, OGI Custom Quote etc?	
Will you be migrating risk data from another software house system or have you done in the last 3 years?	
Do you expect broker or insurer led renewals?	

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 from time to time once a Terms of Business 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 as a Controller of data with the UK Information Commissioner's Office pursuant to personal data protection laws applicable in the United Kingdom. Sabre does not automatically sanction the use of Appointed Representatives, sub-agents, and sub-processors, 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 a broker 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.

Please ensure you complete the Regulatory Requirements and Company Policies questionnaire on the next page.

This application form has been completed by:

Signed

Full name

Date

Position in the company

Regulatory Requirements and Company policies

The answers you give in this questionnaire will form part of your application and TOBA, should facilities be granted. We will send this questionnaire out on an annual basis and would appreciate you providing contact details to enable us to email this form each year directly to the person authorised to complete it.

Please confirm you	comply with the laws and regulations relating to the following and; YES/NO	have policies and/or processes in place relating to compliance which are implemented across your business or provide an explanation YES/NO
Treating Customers Fairly including Vulnerable Customers		
Data Protection, Information Security and GDPR		
Insurance Distribution Directive		
FCA GI Pricing Practices Guidance		
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		

Name	
Position in company	
Email address	
Signed	