



# **Intermediary Application**

### **Precision Underwriting (UK) Limited**

The Hamlet Hornbeam Park Harrogate HG2 8RE

**T:** +44 (0) 1423 876030

E: info@precisionunderwriting.co.uk www.precisionunderwriting.co.uk



## **Intermediary Application**

This Intermediary Application is for use by all firms wishing to place general insurance business with Precision Underwriting (UK) Limited ("Precision")

#### Instructions for intermediary approval

- 1. Please complete this Intermediary Application by filling out each section.
- 2. Once complete, please ensure that you have signed and completed the Data Protection & Declaration sections.
- 3. Ensure that any additional sheets of information are signed and dated.
- 4. Please return the completed Intermediary Application, together with any supporting documentation and a signed TOBA, to <a href="mailto:info@precisionunderwriting.co.uk">info@precisionunderwriting.co.uk</a> or, by post to The Hamlet, Hornbeam Park, Harrogate HG2 8RE.

For further support on completing the Intermediary Application and TOBA please contact us on **01423 876030.** 

Applicant		
Full name of the Applicant		
Trading name(s) of Applicant if different		
Indicate entity type	Private Limited Company	Public Limited Company
	Limited Partnership	Partnership
	Other (please specify)	
Country of incorporation		Company Registration Number
		Date of incorporation
Registered address		
		Postcode
Postal address from which business is to be conducted if different from registered address		
		Postcode



Applicant				
Address of othe Applicant (if app				
				Postcode
				Postcode
				Postcode
Telephone num code	ber including STD			
Email address				
Details of F	artners/Directo	rs		
	e, date of birth and reg eparate sheet if require		II the Applica	cant's partners or directors
Name:				Date of Birth:
Regulator Approved?	Yes No		If 'Yes', IRN	RN/Ref No:
Name:				Date of Birth:
Regulator Approved?	Yes No		If 'Yes', IRI	RN/Ref No:
	I			
Name:				Date of Birth:
Regulator Approved?	Yes No		If 'Yes', IRN	RN/Ref No:
Name:				Date of Birth:
Regulator Approved?	Yes 🗆 No		If 'Yes', IRN	RN/Ref No:



CA Register Number  CO Register Number  O you offer consumer credit? Yes No Pres No No No No will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' how will the Applicant arrange for monies to be collected from, or returned to, the client?  In o' pease provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide further information on how client monies are held.  In o' please provide furt	bout the Applicar	lt		
CO Register Number  CO Register Number  CO Register Number  Co Register Number  No   No   No   No   No   No   No   No	What classes of general ins	surance business does the	e Applicant:	
CO Register Number    Oo you offer consumer credit?	. Specialise in?			
Are you authorised to hold client money?  Yes No   If 'No' how will the Applicant arrange for monies to be collected from, or returned to, the client?  Are client monies held in a separate trust account from that of the Applicant Yes No   If 'No' please provide further information on how client monies are held.  Is the Applicant an Appointed Representative or an Appointed Introducer? Yes No   If "Yes' please provide the name and address, including FCA register number of the principal?  Do you hold the following insurances? If 'Yes' please provide the full details.  Professional Indemnity Yes No Directors & Officers Yes No   Limit of Indemnity Insurer	2. Wish to introduce to us	?		
Do you offer consumer credit?				
Do you offer consumer credit?  Yes   No    Are you authorised to hold client money?  Yes   No    If 'No' how will the Applicant arrange for monies to be collected from, or returned to, the client?  Are client monies held in a separate trust account from that of the Applicant yes   No    If 'No' please provide further information on how client monies are held.  Is the Applicant an Appointed Representative or an Appointed Introducer?  Yes   No    If "Yes' please provide the name and address, including FCA register number of the principal?  Do you hold the following insurances? If 'Yes' please provide the full details.  Professional Indemnity   Yes   No    Limit of Indemnity    Insurer    Insurer	FCA Register Number			
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If 'No' please provide further information on how client monies are held.    State Applicant an Appointed Representative or an Appointed Introducer? Yes No   No	If 'No' how will the Applicar	t arrange for monies to be	e collected from, or returned to, the	ne client?
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Do you hold the following insurances? If 'Yes' please provide the full details.  Professional Indemnity  Yes No Directors & Officers  Yes No Limit of Indemnity  Insurer  Insurer	If "Yes" please provide the	name and address, includ	ling FCA register number of the p	orincipal?
Professional Indemnity  Yes No Directors & Officers  Yes No Limit of Indemnity  Insurer  Insurer				·
Professional Indemnity  Yes No Directors & Officers  Yes No Limit of Indemnity  Limit of Indemnity  Insurer				
Professional Indemnity  Yes No Directors & Officers  Yes No Limit of Indemnity  Limit of Indemnity  Insurer				
Limit of Indemnity  Limit of Indemnity  Insurer  Insurer	Do you hold the following in	surances? If 'Yes' please	provide the full details.	
Insurer Insurer	Professional Indemnity	Yes No No	Directors & Officers	Yes No No
	Limit of Indemnity		Limit of Indemnity	
Renewal Date Renewal Date	Insurer		Insurer	
	Renewal Date		Renewal Date	



Business Record		
Has the applicant, any partner or director or any other person responsible for general insuran the Applicant's agency, at any time:	ce business cor	ncerned with
Had a receiver or administrator appointed or failed to come to an arrangement with any of its creditors?	Yes 🗌	No 🗆
Made an application for bankruptcy or compulsory winding up, or whilst owning more than 50% of, or acting as a partner or director of, been wound-up as an insolvent company?	Yes 🗌	No 🗆
Had an application to enter into an agency relationship for general insurance business refused?	Yes 🗌	No 🗆
Been aware of its affairs having been investigated by any government or its agencies or any regulator body?	Yes 🗌	No 🗆
Been convicted of any offence (excluding motoring offences)?	Yes 🗌	No 🗆
Entered into a settlement of £10,000 or greater so as to avoid any legal proceedings?	Yes 🗌	No 🗆
Been involved in (including being currently involved in) proceedings or regulatory action?	Yes 🗌	No 🗆
If you have answered 'Yes' to any of the above questions, please provide further details below	w:	

#### **Data Protection**

Precision Underwriting (UK) Limited are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. [This may involve sharing your information with third parties such as insurers, brokers, insurance intermediaries such as Managing General Agents, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies]. By signing this agreement you consent to Precision using personal information provided by you, including sensitive personal data.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy at https://www.precisionunderwriting.co.uk/privacy-policy. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice

As part of the application process we may undertake financial enquiries with third parties, which may include credit reference agencies. By signing this form you confirm that you have the express consent of each of the partners/directors for us to undertake such checks.



#### **Declaration**

In the event of an acquisition or merger between the Applicant and a third party, I/We understand that I/We must bring this to your attention.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any facts or opinion which may be relevant to your consideration of this Intermediary Application.

Print Name:	
Signature: (Partner/Director)	
On behalf of:	
Date:	