



CITY & COMMERCIAL INSURANCE COMPANY

SINCE 1993

BROKER APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

Business name

Date of establishment

Address

Contact Name

Telephone

Email

Website address

Business status Sole trader / Partnership / Limited company

If limited company, please enter registered number:

Please list the full names and dates of birth of all Directors / Partners

First Name	Middle Name(s)	Surname	Date of Birth

Please describe the nature of your business activities below:

Do you undertake any other types of business? (If so, please state)

How are you retailing the products? (tick box)

Direct to the client	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Both	<input type="checkbox"/>
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How will you transact business? (tick boxes)

Delegated authority	<input type="checkbox"/>	C & C broker portal	<input type="checkbox"/>	Standalone referrals	<input type="checkbox"/>
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Are you VAT registered?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

VAT Number

Are you FCA authorised?

Firm reference

Are you authorised to hold client money?

Do you hold all client money in a segregated client bank account for the purposes of CASS? If not,

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

do you hold client money in an equivalent trust account?

If you have answered 'No' to both control of monies questions, please provide full details as to how client money is held:

If you have answered 'Yes' to either of the control of monies question, please complete the following:

Agency Application (Continued)

Have you, or your partners, or directors, or has any business in which you, your partners, or directors have been involved in ever:

Been the subject of a receiving order?

Yes		No	
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Entered into an arrangement with creditors?

Yes		No	
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Been a director of a company which has been wound up other than for purposes of amalgamation or reconstruction?

Yes		No	
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Been the subject of a Court judgement for any outstanding debts?

Yes		No	
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Had an application refused by any insurance company?

Yes		No	
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Been convicted of a criminal offence (other than for motoring)?

Yes		No	
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If you have answered 'Yes' to any of the above questions, please provide details below. Use a separate sheet if necessary

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Do you currently hold Professional Indemnity insurance cover?

Yes		No	
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If you have answered 'Yes' to the above question, please confirm:

Insurer:

Limit of Indemnity:

Excess/Deductible:

Renewal date:

General Details

I/We declare that the information given is correct and hereby apply for an agency for the introduction of general contracts to City & Commercial Insurance PCC Limited and its standard Terms of Business Agreement.

I/We understand that once an agency has been granted, it may be terminated by either party without reason. City & Commercial Insurance PCC Limited will review the agency and it may be terminated if, the standard of administration, payment of accounts or the quality of business falls below the agreed levels.

I/We agree that City & Commercial Insurance PCC Limited may make, in respect of this application, such relevant searches and checks including credit worthiness, professionalism and suitability, of the business and the owners/principals as it sees fit.

To be signed by a principal, partner or director:

Name

Position

Signature

Date

Return to:

Normandie House,
Rue a Chiens,
St Sampsons,
Guernsey,
GY2 4AE

Email:

hello@cityandcommercialinsurance.com

Telephone:

03330 449 009

We agree to receive marketing communications from time to time from City & Commercial Insurance PCC Limited, unless this box is ticked. We will not pass any details to any third party at any time.

City & Commercial Insurance PCC Limited is Authorised and Regulated by Guernsey Financial Services Commission (GFSC).GFSC Reference: 54692.
Normandie House, Rue a Chiens, St Sampsons, Guernsey, GY2 4AE.