



AGENCY APPLICATION FORM

General Details

FULL TRADING NAME;	
TRADING ADDRESS;	
NATURE OF TRADING (Sole Trader, Private Ltd Company, etc.)	
DATE COMPANY ESTABLISHED	
TELEPHONE NUMBER;	
EMAIL ADDRESS;	
COMPANY WEBSITE ADDRESS;	
COMPANY REGISTRATION NO.	
FCA NUMBER	
ARE YOU A MEMBER OF A TRADE ORGANISATION (i.e. BIBA)	
HAVE THERE BEEN ANY CLAIMS UNDER YOUR PI INSURANCE IN THE LAST 5 YEARS	If Yes please give details in space provided on last page


Details of Directors/Owners/Shareholders

Name	Position	Years associated with firm

Accounts Details

BANK NAME & ADDRESS	
TYPE OF ACCOUNT (Statutory, Non-Statutory, etc.)	
ACCOUNTS CONTACT NAME	
ACCOUNTS CONTACT EMAIL ADDRESS	

Governance & Oversight

To provide the agreed level of oversight as instructed by insurers please register your company for free with Regulator Efficiency Gains at; www.reg.uk.com	
Please tick box to confirm you have registered with R.E.G.	<input type="checkbox"/>
Insurers request we note what fees our broker partners charge their clients in respect of each transaction. Please confirm in the spaces provided;	New Business
	Renewal
	MTA
	Cancellation

Have you, or in the case of a company, LLP or partnership any of the directors/partners/shareholders or owners of the company;

Been declared Insolvent?	
Been declared Bankrupt?	
Been subject to any disciplinary procedures instituted by any regulatory or professional body?	
Ever been convicted of a criminal offence, other than motoring, not treated as spent under the Rehabilitation of Offenders Act 1974?	
Ever been disqualified under Company Law?	

GDPR

Please tick this box to confirm you are happy to receive communications from us in respect of the policies and services available from us

By Email	
By Post	
By Telephone	

Declaration:

I/We confirm the above statements and particulars are true. In the event such facilities being granted I/We undertake to observe and abide by the Terms of Business Agreement and to give immediate notice and appropriate details should any of the disclosed information change;

Signature;	Date;
Print Name;	Position;

If you need to provide any additional information as a result of any of the information provided please provide details in the following space;

**M R Ratcliffe Consultants Ltd t/a Ratcliffe Underwriting
Wolseley Hose, Oriel Road, Cheltenham, Gloucestershire, GL50 1TH**

Tel: 01242 544544

Email insure@ratcliffes.co.uk

www.ratcliffes.co.uk