Intermediary Agency APPLICATION FORM

PRESTIGE
UNDERWRITING IRELAND
Partnership is the best Policy

Intermediary Details	
Intermediary Name:	
Trading Name(s):	
Group or Parent Company (if any):	
Address:	
Tel No:	Fax No:
Company Email Address:	
Company Registration Number:	
Date Business Established:	
No. of Full Time Staff:	No. of Part Time Staff:
Agency Contact Name:	Agency Contact Email:
Claims Contact Name:	Claims Contact Email:
Are you authorised by the Central Bank of Ireland? Select	Regulator Number:

Branch Offices: (Please attached a separate page if required)			
Address:		Address:	
Tel:	Fax:	Tel:	Fax:
Email Address:		Email Address:	

Financial Details:	
Name & Address of Your Accountants:	Name & Address of Your Bank:
Financial Year End:	

Professional Indemnity Details:		
Insurer:		
Limit of Indemnity:	Expiry Date:	Current Premium:
Details of any claims, including amounts:		

It is a condition of your agency facility with us that adequate Professional Indemnity Insurance be maintained at all times in accordance with regulatory requirements.

Directors / Partners / Principal: (Please attach a separate page if required)	
Name:	Name:
Home Address: Tel No:	Home Address: Tel No:
Length of Time with Business:	Length of Time with Business:
Name:	Name:
Home Address: Tel No:	Home Address: Tel No:
Length of Time with Business:	Length of Time with Business:

Have you or any of the Companies Directors, principals or partners ever:

Been involved in liquidations, receiverships or bankruptcy? Please Select

Received an administration order or entered into any administration agreement? Please Select

Entered into any agreement with creditors that has been approved by court? Please Select

Been disqualified under company legislation? Please Select

Been found for negligence, fraud, misfeasance, or wrongful trading? Please Select

Has any Director/Partner/Executive/Employee ever been convicted of or charged with (but not yet tried for) a Criminal Offence (other than a motoring offence)? Please Select

Additional Information:

Computer/Broker Software Systems used:

Are you a member of any Computer User/Marketing group? Please Select

If YES, please provide details:

Details of System Capability? (i.e. Quotes only/Full cycle EDI/Full Office Administration)

If EDI facilities are required please provide your identification SCID and Mailbox Codes plus your Branch Code if you are an Open GI user:

Current Guaranteeing Broker (if any)? (Please Specify)

Distribution Details:

Please provide details (below) of the distribution channels you use/ will use for Prestige Products.

Will you provide any Prestige products to other intermediaries? Please Select

Do you have any Sub-agents? Please Select

Will your sub-agents have the ability to access Prestige products directly to place cover on behalf of the client? Please Select

Will you or any of your Sub-agents use Prestige Products to transact business on behalf of Affinity groups? Please Select

Will you, any of your Sub-agents or affinity groups for who you or your Sub-agent act, use aggregators to quote for Prestige products? Please Select

Are you a Sub-Agent for any other Agency? Please Select

With which Insurers do you currently hold agency facilities? **(Please continue on a separate page if required)**

Do you conduct any business by e- commerce? Please Select

Has any Syndicate/Insurance Company/Lloyds broker ever cancelled or refused your agency? Please Select

Has an insurer/carrier cancelled or terminated its relationship with you in the past 5 years? Please Select

If you have answered 'YES' to any of the questions above, please complete Schedules 1 -3 as appropriate on pages 8 & 9.

Business Conducted:

Gross premium income:	Current Year (Forecast)	Last Year
	€	€

Percentages:

Retail Business		
Commercial Business		

Premium Income by Product

Caravan		PI	
Commercial Motor		Motor Cycle	
Commercial Property		Motor Trades	
Fleet		Private Car	
High Net Worth		Public/Private Hire	
Holiday Homes		Specialist Vehicles	
Household		Travel	
Liability		Let Property	

Industry References:

Please provide 2 references from the insurance industry with which you have conducted business in the last 3 years. By providing these details you are agreeing to Prestige contacting them to obtain references. If your agency is successful in its application, any appointment offered will be conditional on the receipt of satisfactory references.

Name: Address: Contact Name & Telephone Number:	Name: Address: Contact Name & Telephone Number:

Personal Data:

Application procedures

This may involve Prestige Underwriting Services Ireland Ltd (PUSL) making further enquires about the business and any individual within the business.
Such enquires may include:

- Experian Credit searches on both the business and if required the individual
- Central Bank Register checks
- References from the Business accountant (if appropriate)
- References from other financial services companies
- Searches of other records held at Companies House
- Other records as required for individual circumstances.

Please note by signing below you give Prestige permission to request this further information. This application is valid for 6 months only.

Data Protection statement

Under the General Data Protection Regulation we have to tell you who is responsible for deciding how your personal information will be used. The information you provide on this form including any sensitive personal information, for example criminal convictions, will be used by Prestige to assess your suitability for the contract you have applied for. This may include undertaking credit checks and seeking references for the purposes of verification, identification and in accordance with Prestige's regulatory requirements to ensure you are fit and proper to perform the activities permitted under the contract.

We may share your relevant personal information with other companies within the PUSL group and the agents associated with PUSL to comply with our regulatory obligations and for ongoing administration, management information and marketing purposes. Details of these companies are available on request.

Non-Disclosure Agreement

We undertake not to use the information provided for any reason not detailed above. All information will be held in confidence and will not be made available to the market or placed in the public domain.

Please note: On receipt of a PUSL contract, PUSL and any companies we become associated with, may use your personal data to contact you by email, mail, telephone or other appropriate means about carefully selected products, services or offers we believe may be of interest to you. If you do not want to be contacted, please tick this box ☐

Prior to returning this application, please ensure you have included all of the following:

- Your P.I. Insurance Schedule ☐
- A copy of your most recent reports and accounts ☐
- Full details of two industry references ☐
- Any further details attached on a separate page ☐

SIGNED:

PRINT NAME:

POSITION:

DATE:

Schedule 1: Sub-Agent Relationships – Please provide full details of your sub agents who have direct access to our products to place cover on behalf of the customer

Sub Agent Name	Trading Name	Regulator Number	Address

Schedule 2: Affinity Group Relationships – Please provide full details of any Affinity Group that either you or your sub agents use to transact our products

Your Brokerage	Affinity Group Relationships	Sub Agent	Affinity Group Relationships

Schedule 3: Aggregator Relationships – Please provide full details of any aggregator relationships that either you, your sub agents or Affinity Group connections use to transact our products.

Your Brokerage	Aggregator Relationships	Sub Agent	Aggregator Relationships