

**LINKED TO DD1088 MORTGAGE-INSURANCE SERVICES LTD**

Application to operate an Assurant Solutions Intermediary Agency

## Application Form

Company name	Tel. No
Address	Fax No
	Email
	Mobile No
Postcode	
Nature of business	Sole trader <input type="checkbox"/> (Please tick as applicable)
	Partnership <input type="checkbox"/>
Date established	Limited Co <input type="checkbox"/>
Company Registration No	LLP <input type="checkbox"/>
Registered Address (if different from above)	Other <input type="checkbox"/>
Postcode	
Please enter full contact names and titles e.g., Director, partner, Proprietor etc.	
Name	Job Title
Name	Job Title
Name	Job Title
Name	Job Title
Compliance Officer	Tel. No
Insurance Administrator/s	Tel. No
PA/Secretary	Tel. No
<b>GENERAL INSURANCE INFORMATION</b>	
Professional Memberships	
CCL No	Date issued
FSA No	Date issued
Last compliance visit	
Last compliance visit	
Professional Indemnity Insurance	
Insurer's name	Amount of cover
	Last Renewal date
<b>BANK DETAILS</b>	
Account name	Account No
Bank name	Sort Code
Address	
	Postcode
Name of Finance Director/Accountant	
Please give two professional references (e.g., accountant, lender etc.)	
Name	Name

06/12/2007

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Company

Company

Address

Address

Postcode

Postcode

Please answer the following questions:

1. Have you, as an individual, director or partner ever had your registration or enrolment of any professional or statutory body denied or terminated? Yes  No   
If 'Yes', please give details below
2. Have you, as an individual, director or partner, or has a fellow director or partner ever:
- (a) had a similar agency with any insurer/provider denied/terminated? Yes  No   
If 'Yes', please give details below
- (b) Been subject to disciplinary proceedings by a regulatory or professional body? Yes  No   
If 'Yes', please give details below
- (c) Been involved with any business that has gone into receivership or liquidation? Yes  No   
If 'Yes', please give details below

**DECLARATION**

I/We apply for an agency with Assurant Intermediary Ltd and confirm that to the best of my/our knowledge and belief, the information given in this application is true and accurate. I/We agree to notify of any changes in information/circumstances within the organisation. I/We will ensure that all employees, consultants etc., will receive full training by the relevant regulatory body, including full product knowledge.

**ADDITIONAL INFORMATION**