

# BROKER APPLICATION FORM



This application form is to be completed by a broker wishing to transact non-investment insurance contracts through Higos Insurance Services Ltd T/A Higos Underwriting Services. Please carefully complete all sections of this form and return it to the Agency Manager.

7 Cary Court  
Somerton Business Park  
Bancombe Road  
Somerton  
Somerset  
TA11 6SB  
01749 834 650  
agency.department@higos.co.uk

## Company Information

Company Name:			
Trading Title:			
Address:			
Postcode:		Company Registration Number:	
Date Established:			
Business Description:	— % Personal — % Commercial		
Website Address:			
Telephone No:			
Facsimile No:			
E-mail:			
FCA Firm No:			

## Directors & Key Contacts (continue on separate paper if necessary)

Name:		Position:		
		FCA Individual Reference Number:		
Name:		Position:		
		FCA Individual Reference Number:		
Name:		Position:		
		FCA Individual Reference Number:		
Number of Staff:	Full Time		Part Time	

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## Other Information

Has the firm had any agency application ever been refused, declined or withdrawn? Yes  No

Has any Director or Principal:

Been convicted of a criminal offence other than motoring?  
(spent convictions under the Rehabilitation of Offenders Act 1974 need not be disclosed) Yes  No

Had an agency with an insurer or intermediary cancelled or refused? Yes  No

Been declared bankrupt? Yes  No

Other material information:  
Eg. Is the practice part of  
any network arrangement?

## Declaration

I/we have read the statements and details given on this application form (including any answer written for me/us by any other person).

I/we declare that to the best of my/our knowledge and belief they are correct and that no material fact has been omitted or misrepresented.

I/we am/are not aware of any other circumstance likely to affect the acceptance of this application.

Signed:

Position:

Print Name:

Date: