

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.

Mendip Court
Bath Road
Wells
Somerset
BA5 3DG
0845 450 4288
agency.department@higos.co.uk

Company Information

Company Name:	<input type="text"/>		
Trading Title:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>	Company Registration Number:	<input type="text"/>
Date Established:	<input type="text"/>		
Business Description:	<input type="text"/> __ % Personal __ % Commercial		
Website Address:	<input type="text"/>		
Telephone No:	<input type="text"/>		
Facsimile No:	<input type="text"/>		
E-mail:	<input type="text"/>		
FCA Firm No:	<input type="text"/>		

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

Name:	<input type="text"/>	Position:	<input type="text"/>
		FCA Individual Reference Number:	<input type="text"/>
Name:	<input type="text"/>	Position:	<input type="text"/>
		FCA Individual Reference Number:	<input type="text"/>
Name:	<input type="text"/>	Position:	<input type="text"/>
		FCA Individual Reference Number:	<input type="text"/>
Number of Staff:	Full Time <input type="text"/>	Part Time <input type="text"/>	

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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Has the firm had any agency application ever been refused, declined or withdrawn?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? Yes No
 (spent convictions under the Rehabilitation of Offenders Act 1974 need not be disclosed)

 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: