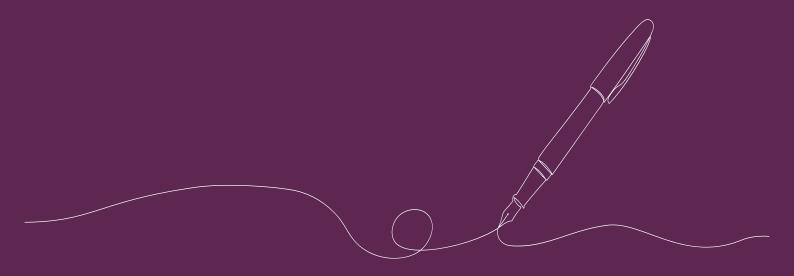


PRODUCING BROKER AGENCY APPLICATION FORM





Thank you for applying for an Agency with Pen Underwriting!

The purpose of this form is to fulfil our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you.

We wish to work only with those who are committed to our standards and we will undertake due diligence to ensure this.

Throughout our operations we maintain systems and controls for compliance with applicable requirements and standards under regulatory systems worldwide. Importantly, this includes policies and procedures for countering the risk of becoming involved in financial crime. We maintain a policy of zero tolerance towards bribery and corruption in all forms, whether directly or through third parties.

To enable us to process your application quickly and efficiently please complete <u>all</u> sections of the application form.

Once completed, please return the form and the supporting documents to our agency team at: agency.uk@penunderwriting.com

Plea	ase confirm the following:
	I/We hereby make an application to become an agent of Pen Underwriting.
Plea	ase enclose the following documents:
	Current Professional Indemnity Insurance certificate.
	Anti Bribery and Corruption processes.
	Most recent Report and Accounts and Group Report and Accounts where relevant.
Plea	ase enclose the following documents (if applicable):
	Group structure chart showing our ultimate parent company together with any subsidiary and affiliated companies.
	Current Errors and Omissions Insurance Certificate
	Current Directors and Officers Insurance Certificate
	Current Fidelity Insurance Certificate
	Current Governance and Oversight Processes for Appointed Representatives.

Section 1 – Company Details Please fill in all sections.



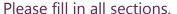
Legal Entity Title						
Trading Name(s) (if applicable)						
Country of Registration & Com	pany Registration	Number (if applicable)				
Date established						
Date established						
Organisation Type /Legal Statu	s (please tick one)				
☐ Sole Trader	☐ Private	e Limited Company	☐ Unincorporate	ed Assoc		
☐ Partnership	☐ Public	Limited Company	LLP			
Other please state:						
Trading Address						
The state of the s		Postcode				
Telephone Number		Fostcode				
Registered Office						
		Postcode				
Telephone Number						
Website Address						
Principal Business Activity						
Timespar basiness / teavity						
Primary Contact Name and Em	ail Address					
Please list below the name of Key Personnel, Principals, Directors, Partners or controllers in your business (a controller is a person who: (a) holds 25% or more of the shares or voting power in your firm, or in a parent of your firm; or (b) holds shares or voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm):						
Title/Forename/Surname	Date of Birth	Address	Position Held	Time with the firm		

Section 2 – Regulatory Information Please fill in all sections.



	Yes	No
Are you registered with a Regulatory Body? (if yes, please provide your FCA		
number; if no, please provide your regulatory authority you are registered with		
below together with the related registration number)		
FCA Registration Number:		
Other Regulatory Authority:	J	
	Yes	No
Do you have any Appointed Representatives (AR's) or Introducers AR's (IAR's)?	1.05	110
If Yes, how many AR's or IAR's do you currently hold relationships with? Please		
provide the requested details in Section 6		
	Yes	No
Are you authorised to hold client money? (if yes, please indicate below whether it		
is held in a statutory or non-statutory account)		
Statutory Account Non-Statutory Account	nt ⊔	
	Yes	No
Please confirm that any RMAR and Client Money obligations have been met	163	140
Please confirm that all Financial Sanctions and Anti-Bribery & Corruption checks		
are in place with any exceptions having been fully investigated		
Do you currently hold Professional Indemnity insurance? (if yes, please attach a		
copy of your P.I. certificate)		
Do you currently hold Errors And Omissions Insurance? (if yes, please attach a		
copy of your E&O certificate)		
Do you currently hold Directors & Officers Insurance? (if yes, please attach a copy of your D&O certificate)		
Do you currently hold Fidelity Insurance? (if yes, please attach a copy of your		
certificate)		
	V	NI.
Do you have a business continuity plan in place that mosts ECA perviousents?	Yes	No
Do you have a business continuity plan in place that meets FCA requirements?		
If Yes, please confirm when this was last tested or when it is due to be tested		
	Yes	No
Are you registered under the Consumer Credit Act? (if yes, please provide details		
below including licence number)		
	Yes	No
Are you registered under the Data Protection Act? (if yes, please provide details		
below)		
	Yes	No
Do you have more than one branch that requires agency facilities (excluding any		
Appointed Representatives)? Please provide details in Section 6		

Section 3 – Sales Information Please fill in all sections.





	re House to conduct E-traded Busines	SS
Are you a member of a Netwo	ork or Affinity Group? (if yes, please s	pecify the name and your membership
Please provide details of the C currently provide:	Gross Written Premium (GWP) for the	types of general insurance that you
What is your total Gross Writt	en Premium?	£
What is the Commercial split?		£
What is the Personal split?		£
Please indicate below the reas products that you wish to acc		usiness with Pen Underwriting and those
	VP you anticipate providing Pen Und	erwriting in your _£
first year of trading with us:		
Coction 4 Pon	k Dotoila	
Section 4 – Ban		
Please fill in all sections	•	
Durings Assessed Dataile		
Business Account Details Bank Name		
Bank Address		Destrode
Your Reference		Postcode:
	I .	Postcode:
Account Name		Postcode:
Account Number		Postcode.
Account Number Sort Code		Postcode.
Account Number Sort Code SWIFT Code		Postcode.
Account Number Sort Code		Postcode.
Account Number Sort Code SWIFT Code IBAN		Postcode.
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds	Account Details (if applicable)	Postcode.
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name	Account Details (if applicable)	Postcode.
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds	Account Details (if applicable)	
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name Bank Address	Account Details (if applicable)	Postcode:
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name	Account Details (if applicable)	
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name Bank Address Your Reference Account Name Account Number	Account Details (if applicable)	
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name Bank Address Your Reference Account Name Account Number Sort Code	Account Details (if applicable)	
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name Bank Address Your Reference Account Name Account Number Sort Code SWIFT Code	Account Details (if applicable)	
Account Number Sort Code SWIFT Code IBAN Client Money/Fiduciary Funds Bank Name Bank Address Your Reference Account Name Account Number Sort Code	Account Details (if applicable)	

Section 5 – Declaration

Please fill in all sections.



Has any Director, Partner, Proprietor or Manager personally or by association:

If any of the below questions are answered as 'Yes', please provide further details in the box provided.

	Yes	No
Been convicted of a crime involving dishonesty or breach of trust?		
Been charged with or convicted of a criminal offence other than a minor motoring		
offence in the last twelve months?		
Been disqualified under company law?		
Been found liable for negligence, fraud, wrongful trading or malpractice in		
connection with business activity?		
Been declared insolvent, bankrupt or made any similar arrangement with creditors?		
Been refused membership, censured, fined, disciplined, suspended, or expelled by		
any insurance industry regulatory body or trade association?		
Had a licence, authorisation or registration to conduct insurance business		
suspended, withdrawn or not renewed?		
Has your company been involved in any legal/court proceedings in the last 12 months?		
Is your firm or any Director, Principal, partner or key member of staff a specifically		
designated person under a financial sanction regime, or the subject of sanctions		
targets as designated by the US Office of Foreign Assets Control, the European		
Union, or HM Treasury?		

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Producing Broker (see 'Terms' below).

- I declare on behalf of the Producing Broker that, to the best of my knowledge and belief, the information contained in and attached to this application information is accurate, complete, up-to-date and purports to be comprehensive and not misleading.
- I acknowledge and agree on behalf of the Producing Broker that any information provided pursuant to the application constituting personal data may be stored at and/or processed in accordance with our Privacy Statement (available on request).
- I acknowledge that, where circumstances lead Pen Underwriting to suspect bribery, corruption, or other financial crime in relation to business with the Producing Broker, additional due diligence may be carried out and further steps taken, including, the notification to the relevant authorities, status and credit checks using credit reference agencies, and other background checking, as deemed appropriate.
- I undertake to immediately advise Pen Underwriting of any material changes to information contained within this questionnaire, being matters of which Pen Underwriting would reasonably expect notice.

Name	
Position	
Signature	
Date	

Section 6 – Additional information



If you have additional branches to be included within your Agency with Pen Underwriting then please provide details below:

Branch Name	Address	Telephone No	Key Contact	Key Contact Email

• If additional space is required then please provide details separately

If you have Appointed Representative and/or Introducer Appointed Representatives then please provide details below and include a copy of your Governance and Oversight framework/processes:

Legal Entity Title	FRN	Registered Address	Length of Appointment (Years)	Key Contact Email

If additional space is required then please provide details separately

f you have any additional information regarding your application then please include below:							

