

CAMBERFORD UNDERWRITING AGENCY APPLICATION FORM

UK Brokers



t: 020 8315 5000 **w: camberford.com**

PLEASE RETURN COMPLETED FORM TO:

agency@camberford.com

OR

Agency Department

CAMBERFORD UNDERWRITING

Lygon House

50 London Road

Bromley

Kent

BR1 3RA



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Camberford Underwriting is a trading name of Camberford Law Limited. Registered Office: 7th Floor, Corn Exchange, 55 Mark Lane, London EC3R 7NE.
Registered No. 608819 in England and Wales. Authorised and Regulated by the Financial Conduct Authority. FRN 121476

AGENCY APPLICATION FORM – UK BROKERS

BASIC DETAILS

Broker Name	
Trading Name(s)	
Shareholders <i>(please list all shareholders who have 20% or more holding)</i>	
FCA Registration Number	
Company Registration Number <i>(if applicable)</i>	
Registered Address	
Trading Address <i>(if different from above)</i>	
Telephone Number	
Email Address	
Website Address	
Branch Address 1	
Branch Address 2	
Branch Address 3	
Date Established	
Nature of Business	
Type of Business <i>(*delete as applicable)</i>	*Public Limited Company/Private Limited Company/LLP/ Sole Trader/Partnership/Other

CONTACTS

Senior Contact *(person responsible for broking activities/business development)*

Name	
Telephone Number	
Email Address	



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CONTACTS Cont/...	
Accounts	
Name	
Telephone Number	
Email Address	
Compliance	
Name	
Telephone Number	
Email Address	
INSURANCE	
PI	
Insurer	
Limit of Indemnity	
Expiry Date	
Excess	
DIRECTORS/PARTNERS/PRINCIPALS	
Full Name	
Address	
Date of Birth	
Number of Years Experience in the Industry	
Qualifications	
Have you, or any Director of your company, ever:	
Been the subject of any civil proceedings, arbitration or litigation, including proceedings that have led to, or may lead to, a County Court Judgement (CCJ) or other judgement debts?	YES/NO
Been the subject of any bankruptcy proceedings?	YES/NO



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Entered into a deed of arrangement or an individual voluntary arrangement (or in Scotland a trust deed) or other agreement in favour of your creditors, or are you doing so?	YES/NO	
Been involved with any company which went into receivership or administration?	YES/NO	
Been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?	YES/NO	
Been disqualified by a court from acting as a Director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?	YES/NO	
Ever been convicted of, or charged but not yet tried for, a criminal conviction?	YES/NO	
BANK DETAILS		
Name of Bank		
Address		
Account Number		
Sort Code		
MEMBERSHIP		
Are you a member of a Network?	YES/NO	
If YES, Network Name:		
BUSINESS		
Please provide your total annual GWP split between:	Motor	
	Household	
	Liability	
	Professional Indemnity	
	Commercial Property	
Please outline the type of business you anticipate placing with Camberford Underwriting		
Please state the GWP you anticipate placing with Camberford Underwriting in the next 12 months		



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DECLARATION

Has any Insurer, Managing Agent, or Lloyd's Broker ever cancelled your agency or refused your application?

YES/NO

I/We declare that all the information given in this application form is true and correct and other relevant information has not been withheld.

I/We agree that the form and any additional information I/we provide will be the basis of the agreement between me/us and Camberford Underwriting should it be granted.

Camberford Underwriting will carry out credit searches, financial sanctions screening and other possible identity and anti-fraud checks. I/we expressly consent to any such search or check.

I/We hereby warrant that where information is provided about Directors, Partners, or Principals the relevant individual has given their consent to the disclosure of this information and checks as described above.

I/We do not object to receiving marketing material or telephone calls from Camberford Underwriting.

Please arrange for this form to be signed by a duly authorised individual:

NAME

POSITION

SIGNATURE

DATE



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