

Ark Insurance Group Agency Application

1. Company and Contact Details

Trading name(s) or Business name:	Click or Tap to Enter Text
Legal name (if different from above):	Click or Tap to Enter Text
Business Address:	Enter Text (Press Return for New Line)
Firm Status (e.g Sole Trader / Partnership / Limited Company):	Enter Text
Postcode:	Enter Text (Press Return for New Line)
Year Established:	Enter Number
Previous Trading Names in the last 5 years (if applicable):	Enter Text

Registered Address including Postcode (if different to above):	Enter Text (Press Return for New Line)
Incorporation Date:	Enter a Date
Company Registration Number:	Enter Number

Contact Details

Contact Name:	Enter Text
Contact Number:	Enter Number
Contact Email Address:	Enter Text
Accounts Administrator Contact Name:	Enter Text
Accounts Administrator Contact Number:	Enter Number
Accounts Administrator Contact Email Address:	Enter Text
Email Address for Documents to be Sent	Enter Text

Please list full address and contact details for any other offices on a separate sheet and attach with application

Note: If separate agencies are required for each office, please complete separate applications.

All Directors (Limited Companies) or Proprietor / Partners (for non-Limited Companies) Use separate sheet if needed

Full Name (1):	Enter Text		
Home Address (1):	Enter Text		
Postcode:	Enter Text	Date of Birth (dd/mm/yyyy):	Enter Date

Full Name (2):	Enter Text		
Home Address (2):	Enter Text		
Postcode:	Enter Text	Date of Birth (dd/mm/yyyy):	Enter Date

Full Name (3):	Enter Text		
Home Address (3):	Enter Text		
Postcode:	Enter Text	Date of Birth (dd/mm/yyyy):	Enter Date

Please list the Names and Email Addresses of all Individual Users to be granted access to the Portal

Name:	Enter Text	Email Address:	Enter Text
Name:	Enter Text	Email Address:	Enter Text
Name:	Enter Text	Email Address:	Enter Text
Name:	Enter Text	Email Address:	Enter Text
Name:	Enter Text	Email Address:	Enter Text
Name:	Enter Text	Email Address:	Enter Text

2. Regulatory Information

FCA Firm Reference Number	Enter No.
Are you authorised to hold client money? (Please Tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, supply full details of banking arrangements for holding premiums	Enter Text (Press Return for New Line)
Please confirm the Limit of Indemnity (£) under your Professional Indemnity Insurance *(Please attach a copy of your current schedule / Certificate of Insurance)	Enter Number

3. Bankers, Accountants and Auditors

Bank name and address	Enter Text (Press Return for New Line)		
Postcode:	Enter Text	Account title:	Enter Text
Sort Code:	Enter Text	Account Number:	Enter Number

Accountant's Name and Address including Postcode:	Enter Text (Press Return for New Line)
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Auditor's Name and Address including Postcode: (if different to above):	Enter Text (Press Return for New Line)
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4. Business Information

Please list your top 5 agencies with regard to premium income levels	Enter Text
	Enter Text
	Enter Text
	Enter Text
	Enter Text

Please list your top 5 product lines with regard to premium income along with each product's % of your total income.	1	Enter Text	Enter No. %
	2	Enter Text	Enter No. %
	3	Enter Text	Enter No. %
	4	Enter Text	Enter No. %
	5	Enter Text	Enter No. %

Please provide details of any professional bodies you are a member of	Enter Text (Press Return for New Line)
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Number of employees Full Time:	Enter Number	Number of employees Part Time:	Enter Number
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Type of premises occupied (e.g. Shop, Office)	Enter Text	Gross premium income for last year (£)	Enter Number
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What Insurance Software Platform do you use:	Enter Text (Press Return for New Line)
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Do you provide any wholesale or sub-broking facilities?	Enter Text (Press Return for New Line)
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Please note Ark's TOBA does not allow any wholesale or sub-broke business via this facility, for the avoidance of doubt only direct business can be presented to Ark for consideration.

5. Compliance Verification

5.1 Have any persons who hold a management position, been involved in liquidation, receivership, bankruptcy, dissolved, high court writ, voluntary wind up orders, been struck off or has any similar procedure pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2 Have any persons who hold a management position, been convicted of any criminal offences, other than motoring offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3 Have any persons who hold a management position, had the provision of a bond or fidelity guarantee in the past declined, terminated or restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4 Have any persons who hold a management position, had an insurance agency or insurance agency application declined, terminated or restricted?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you have answered "Yes" to any question in this section please provide full details on a separate sheet.*

Please list details for all directors, principals / partners, senior managers, shareholders / owners and persons in charge of compliance:

Name in Full	Director (Y / N)	Qualifications	Position	Prior experience if under 5 yrs in current position
Enter Text	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Text	Enter Text	Enter Text
Enter Text	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Text	Enter Text	Enter Text
Enter Text	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Text	Enter Text	Enter Text
Enter Text	Yes <input type="checkbox"/> No <input type="checkbox"/>	Enter Text	Enter Text	Enter Text

6. References

Please provide details of three insurers who we could approach for references if required:	Enter Text
	Enter Text
	Enter Text

7. Declaration

We understand a Terms of Business Agreement will govern how business is to be conducted in our dealings with Ark Insurance group. (Ark will forward Terms of Business for you to sign and return if your application is successful). We declare that the information given in this application is accurate and complete and we agree that this application is the basis for the working relationship between ourselves and Ark Insurance Group. We understand that in the event that any of the information contained in this application form is not complete or accurate, our Terms of Business Agreement may be terminated by Ark Insurance Group at its sole discretion.

By signing this application we hereby consent to Ark Insurance Group to conduct a credit check (if deemed necessary) on the applicant and / or any of the directors or principals.

Signed

Name	Enter Text
Signature	Enter Text
Date	Enter Date
Position (Authorised Signatory)	Enter Text

Please complete this form in full, enclose the following documents and return to:

By Post:

1410 Spring Place,
Herald Avenue,
Coventry,
CV5 6UB

Or Scan version to agency@arkinsurance.co.uk

Checklist

- ✓ **Copy of most recent audited annual accounts**
- ✓ **Copy of current Professional Indemnity Insurance schedule**
- ✓ **Copy of other specifically requested documents if applicable.**