



Broker Approval Request (non-UK brokers)

Supporting Documents

When returning this form, in support of your application, please ensure that the following documents are enclosed:

- A full set of signed accounts, including a signed Director's report and a signed auditor opinion (the account must be signed by a Director - unsigned accounts submitted cannot be considered)
- Up to date Professional Indemnity Certificate
- A copy of the broker's organisation chart (both of group company structure and of senior management)
- A copy of all regulatory licences
- A copy of the incorporation/company registration document

1. Broker Details

Company Registered / Trading Name	
Trading Address	
Telephone	
Registered Address (if different from above)	
Name of Regulator and Registration Number	Regulator: Registration Number:
Lloyd's Broker Number(s) (if applicable)	
Broker Contact (person to be contacted in respect of this form)	Name: Telephone: Email:
Credit Controller	Name: Telephone: Email:



Compliance Officer	Name: Telephone: Email:
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2. Risk and Governance Information

How long has your firm been trading as an intermediary?	
Please list the main jurisdiction area(s) of your client base	
Please confirm Client and Corporate funds are held separately	Yes / No
Please confirm that you have sanctions screening policies and procedures in place appropriate to your business	Yes / No
Please confirm that you have anti bribery and corruption systems and controls in place	Yes / No
Please confirm that you have TCF policies and procedures in place relevant to your business	Yes / No
Please confirm that you have complaints and redress policies and procedures	Yes / No
Do you have Document Retention and Data Protection policies and procedures?	Yes / No
Do you have a tested Disaster Recovery/Business Continuity Plan?	Yes / No



3. Currency Account Details

	Office Account	Client Account
Name of Bank		
Address		
Account Name		
Account Number		
Sort Code		

4. Premium Income

Please state your estimated (annual) overall General Insurance premium income	£
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Please state the approximate split of activities between:

Marine Hull		%
Marine Cargo		%
Marine Liability		%
Marine Energy		%
Yacht		%
Other Marine		%
Professional Indemnity		%
Commercial		%



Financial Services	%
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For limited companies please state:

Authorised Capital	£
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Paid Up	£
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5. Referees

In the event that references are required, please provide details of two insurers who we could approach:

Referee 1	Insurer: Branch: Contact Name: Email:
Referee 2	Insurer: Branch: Contact Name: Email:



6. Declaration

Have you or any Director, Principal, Partner or senior employee:

- been involved in liquidation/bankruptcy proceedings (on your/his/her/their own account, or on the account of any firm or company with which you/he/she/they were at the time connected as a Director, Principal, Partner, or senior employee) or had any judgement against you/him/her or them?	Yes / No
- ever traded under another title?	Yes / No
- been dismissed from any office of employment or representative position?	Yes / No
- currently have any involvement in civil litigation either on your/his/her/their own account or on the account of any firm or company with which you/he/they has/have been connected as a Director, Principal, Partner or senior employee?	Yes / No
- knowledge of any allegations of negligence against you/him/her/them or any firm or company with which you/he/they have been connected as a Director, Principal, Partner or senior employee during the past 10 years.	Yes / No
- had any order made against you/him/her/them under the Companies Acts or the Insolvency Acts or equivalent legislation?	Yes / No
- had any High Court or County Court Judgements or their local equivalent made against you/him/her/them?	Yes / No
- been convicted of any criminal offence (excluding driving offences) not treated as a spent conviction under the Rehabilitation of Offenders Act 1974 or equivalent legislation?	Yes / No

If you have answered "Yes" to any of the above question, please provide details below:

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I/We believe all the above answers to be true and correct and understand that they will form the basis of the appointment, should it be granted. I/We understand that the appointment may be terminated immediately without compensation if any of the answers proves to be untrue or if, during the course of the appointment, circumstances change so that they become untrue and should I/we fail to notify you promptly of such changes. I/We authorise Seacurus Limited to take up reference from the Insurers, Banks and other persons named in the application form as well as from its own enquiries. By signing this application form I/we consent to Seacurus Limited using the information supplied for the purposes of providing insurance and handling claims. I/We understand that this may mean Seacurus Limited giving some details to third parties such as claims adjusters, fraud detectives, reinsurance companies and insurance regulatory authorities.

By signing this application form I/we also consent to agree to the following:

- That all accounts will be settled within the time scales required by the Insurer.
- That a clients' account will be maintained for premiums payable to the Insurer and such premiums held in trust for the Insurer.

Signed:	
Name and Position:	
Date:	