



## FCA Registered Broker Approval Request

### 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 accounts must be signed by a Director - unsigned accounts submitted cannot be considered)
- An up to date Professional Indemnity Certificate
- An up to date organisational chart (if unavailable, please provide details of all proprietor/s, all directors, senior employees, members and/or partners)

## 1. Broker Details

Company Registered / Trading Name	
Trading Address	
Telephone	
Registered Address (if different from above)	
FCA Registration Number	
Company 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:



## 2. Risk and Governance Information

Please indicate the type of TOBA being requested	<input type="checkbox"/> Non-Risk Transfer <input type="checkbox"/> Risk Transfer
Please advise how funds are held	<input type="checkbox"/> Statutory Trust Account <input type="checkbox"/> Non Statutory Trust Account <input type="checkbox"/> Co-mingling <input type="checkbox"/> N/A - We don't hold client money
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 which reflect the FCA's standard of good practice	Yes / No
Please confirm that you have Anti-Money Laundering controls and procedures 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 as outlined by the FCA	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. Bank Account Details

	Office Account	Client Account
Bank Name and 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	%

For limited companies please state:

Authorised Capital	£
Paid Up	£



## 5. 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:

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.

Name:	
Position:	
Signature:	
Date:	