



SECURUS INSURANCE

Advice | Integrity | Specialised | Accessible

Insurance Intermediary Application Form

Name of Brokerage:

Trading Title

Your address:

Registered office (if different from above)

Phone Number:

General Email:

Website:

Accounts E-Mail:

Type of Business:

Limited Company

Partnership

Sole Trader

Other

Please specify:

Company Registration Number:

Date Business Commenced:

Are you regulated by the Central Bank of Ireland?

Yes

No

Please advise your regulator authorisation number:

What type of investment intermediary are you authorised to trade as:

Name and address of applicant's Bank:

Are all premiums collected on behalf of Insurers kept in a separate bank account and held in trust pending settlement of their accounts?

Yes No

Name and address of applicant's Auditors:

Name and address of applicant's Solicitor:

Are you a member of Brokers Ireland?

Yes No

Has the applicant or any director, partner, proprietor or controller of the business ever been involved in:-

- Liquidation, Receivership, Bankruptcy, Winding Up or entering into an arrangement with creditors, or is any such matter pending?

Yes No

- Been convicted of any criminal offence (excluding minor motoring offences)

Yes No

- Ever had an Agency Application declined, renewal refused or granted on special terms or an agency terminated by any principal?

Yes No

If the answer is Yes to any of the above, please provide the relevant information on a separate page and append to the agency application.

Do you have a Professional Indemnity Insurance Policy?

Yes No

Name of Insurer:

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Renewal Date:

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Limit of Indemnity:

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I/We have read the attached Terms and Conditions of this appointment and agree to abide by same. I/We declare that all statements and particulars given in the Application Form are true and correct. I/We also agree to abide by and comply with the applicable provisions of the Investment Intermediary Act, 1995 (the "1995 Act") the insurance acts 1909-2000 and the Rules and Codes of Conduct issued by the Financial Regulator for the time being and from time to time under the 1995 Act. On this undertaking and on these terms and conditions, I/We hereby make application to Securus Insurance Limited for appointment as an insurance intermediary.

Name of Authorised Signatory (Block Capitals):

Position:

Signature

Date:

IMPORTANT NOTICE

Please note that you must read and sign the Agency Administration Agreement, which forms part of our insurance intermediary application process.

The completion and return of the agency application form and agency administration agreement does not commit the Company to granting an agency.

Please forward completed documentation to:

Securus Insurance Limited

Suite 3, Stafford House

Stand Road

Portmarnock

Co. Dublin

**Securus Insurance Ltd is regulated by the Central Bank of Ireland.
Securus Insurance Ltd is registered in Ireland. Company registration No: 410614.
Registered office: Suite 3, Stafford House, Stand Road, Portmarnock, Co. Dublin.**