AGENT APPROVAL FORM

version 28.1.09

Company Details

To be completed by the agent only.
All of the following information is to be obtained prior to the approval of agents.

Name of Company .....

Nature of Business .....

Registered Number | | Date Of Registration | / /

FSA Number | |

Type of Business Sole Trader ☐ Partnership ☐ Limited Company ☐ Other ☐

Registered Address

.....

.....

.....

.....

Post Code .....

Contact Address (if different)

.....

.....

.....

.....

Post Code .....

Directors Details

	Name	Position
i)	.....	.....
ii)	.....	.....
iii)	.....	.....
iv)	.....	.....
v)	.....	.....

Professional Indemnity Detail

Level Of Cover £ _____

Deductible £ _____

Information Required

Have we received copies of 2 years of audited accounts?

Yes ☐ No ☐

Is a copy of the Professional and Indemnity Certificate enclosed?

Yes ☐ No ☐

Data Protection Clearance

For Data Protection Act Purposes, I/we consent to the CSP Limited processing personal data, including sensitive data to consider my/our request to provide general insurance intermediary services. I/we understand that the data may also be passed to carefully selected third parties, including credit reference agencies, to assist with such a decision. I/we confirm that I/we have the specific consent to disclose all personal data of those Partners or Directors referred to on this form and that such data is accurate. Should I/we be successful in my/our application the I/we acknowledge Crispin Speers & Partners Limited may continue to process the data from time to time, to review my/our status and that the data may also be used for financial accounting and collection purposes.

Agreement

I the undersigned confirm that the information held of this form is correct and agree to the terms stated above.

Directors Signature ..... Date / /

Printed Name .....

Approval

For Apex Insurance Services Limited use only

Proposed by ..... Date / /

Approved by ..... Date / /

Prospective Sector Number | | | | | | |