**Terms of Business Application**

Send your completed application to:

**NIG Agency Team**

**Endeavour House**

**Forder Way**

**Cygnet Park**

**Hampton**

**Peterborough**

**PE7 8GX**

Please ensure this application form is **fully** completed, and supported by the following documents:

* Personal Guarantee (for Limited Companies and Limited Liability Partnerships)
* Anti-Bribery and Corruption Questionnaire
* Latest Report and Accounts
* Business Plan
* Confirmation from Bank of appropriate Bank Account and any supporting Trust Deed
* Certificate of PI Insurance

(Please note we cannot accept photocopies or scanned copies of this Application or of the Personal Guarantee Form)

If you have any questions during the application process please contact your NIG Senior Business Development Manager, or you can email the agency team at [nig.agencyadmin@nig-uk.com](mailto:nig.agencyadmin@nig-uk.com).

Notices under the terms of the TOBA, once in place, can also be sent to this address.

**What Next?**

On receipt of your application, we will review the information and documents supplied and advise you of the outcome as soon as possible.

**Your Terms of Business Agreement is not in force until you receive our written Notice of Acceptance**

By completing this application, you confirm that you have the authority, power and consent to provide the information included in this form and the supporting documents.

All information provided to us in this application will be dealt with in accordance with our privacy policy or, in the event that it comes into force, our Terms of Business Agreement.

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1. **Parties**
   1. UK Insurance Limited trading as NIG, whose registered address is The Wharf, Neville Street, Leeds, LS1 4AZ. Registered in England and Wales company number 01179980 (referred to as ’NIG’)
   2. The Intermediary (whose details are set out below).
2. **General Information**

|  |  |
| --- | --- |
| Full Title: |  |
| Trading Title (if different): |  |
| Full Trading Address: |  |
| Tel No.(s) |  |
| Email Address: |  |
| Main Website: |  |
| Name and Address for reconciliations if different from above: |  |

1. **Intermediary Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Established: |  | | |
| Intermediary Type: | Sole Trader  Partnership  Limited Company  Other (please specify) | | |
| Company Reg No.  (If applicable): |  | | |
| Financial Year End: |  | | |
| No. of Offices: |  | | |
| Directors/ Partners:  (Details of ALL principals must be provided, add a new sheet if required) | Name & Full Residential Address | Date of Birth | % Share-holding or Partnership |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Do you undertake activities other than Insurance Intermediary services? | Yes  No  If Yes, please provide details: | | |

1. **Regulator Details**

|  |  |  |
| --- | --- | --- |
| Regulator authorisation: | Reference Number: |  |
|  | Registered Name: |  |
|  | If Registered Name is different from Title, provide explanation: |  |
|  | Are you the Principal of any Appointed Representatives? | Yes  No  If Yes, how many? |
|  | Are you an Appointed Representative? | Yes  No  If Yes, please provide details of Principal including Regulator Reference Number: |
| Please note we cannot issue a Terms of Business Agreement direct to an Appointed Representative (AR). If you are an AR, your Principal will need to sponsor the agency application. Please contact [nig.agencyadmin@nig-uk.com](mailto:nig.agencyadmin@nig-uk.com) for more information. | | |
| Do you operate sub-broking facilities? | Yes  No | |
| Do you require NIG to underwrite sub-broked business? | Yes  No  If Yes, provide details of classes of business below and attach a full list of Sub-Brokers (inclusive of FCA reference): | |
| Please note the Terms of Business Agreement does not permit sub-broking. If you require this facility our Senior Business Development Manager will liaise with you to pursue a separate sub-broking application. | | |

1. **Legal Information**

|  |  |  |
| --- | --- | --- |
| Have any of the Directors, Partners or Senior Staff of the Intermediary ever been convicted of a criminal act (other than a driving offence) not treated as a spent conviction under the Rehabilitation of Offenders Act 1974? | | Yes  No |
| If Yes, please give details: |  | |

|  |  |  |
| --- | --- | --- |
| Does the Intermediary undertake to inform NIG in the event that any of the Directors, Partners or Senior Staff are convicted of a criminal act (defined above) during the lifetime of the agency? | | Yes  No |
| Have any of the Directors or Partners ever been declared bankrupt, or, in the case where they have acted as Director of a limited liability company, has that limited liability company ever gone into receivership or been subject to an administration order? | | Yes  No |
| Have any of the Directors or Partners ever traded under another name or title? | | Yes  No |
| If Yes, please give details: |  | |
| Has any Insurer refused the Intermediary an agency or Terms of Business Agreement, either by declining the application at the outset or by terminating an existing arrangement? | | Yes  No |
| If Yes, please give details: |  | |

1. **Bank Details (segregated/ client money)**

|  |  |  |  |
| --- | --- | --- | --- |
| Account Name: |  | | |
| Bank Name and Branch Address: |  | | |
| Account Number: |  | Sort Code: |  |
| Account separate from Office Account: | Yes  No | | |
| Trust Status: | Yes  No | | |
| Type of Bank Account:  (Provide written confirmation from your bank) | Trust Account for NIG  Client Account held in accordance with Client Money Rules  Trust Account which may also hold Premium & Refund of Premium monies held as agent for another insurer | | |
| Accountant or Auditor’s Name and Address: |  | | |

1. **Professional Indemnity**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer: |  | Policy Number: |  |
| Renewal Date: |  | Limit of Indemnity: |  |

1. **Declaration**

I/We have read and agree to the terms and conditions contained in the Terms of Business Agreement.

(If partnership, all partners to sign Application form):

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Name: |  |
| Position: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Name: |  |
| Position: |  | Date: |  |

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| Position: |  | Date: |  |

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