

APPLY FOR AN AGENCY

We welcome applications from BIBA members of all sizes, whether you place large volumes of business or have occasional need(s) to access a particular market.

Applying for an agency is simple. Simply complete your details on the form below, ensuring all required fields are completed and email back to **BIBAcare@bollington.com**

Is your company registered with the FCA? **Yes / No**

What is your BIBA Membership Number?

Brokerage Name

Brokerage Address including post code

Telephone

Email

Website address

Main Contact Name

Director Details

Full Name

Full Name

Date of Birth

Date of Birth

Date Appointed as Director

Date Appointed as Director

Insurance Qualifications

Insurance Qualifications

Date Obtained

Date Obtained

Have you (or any Director or Partner):	Yes	No
Ever been involved in bankruptcy, liquidation or receivership or ever made any composition or entered into any Deed of Arrangement with creditors?		
Ever been convicted of a criminal offence?		
Been found professionally negligent by any supervisory or regulatory authority. For any transactions undertaken?		
Ever been notified of a compliance feature or had your authorisation suspended by FCA or any other regulatory body?		
Have you (or any Director/Partner) had an insurance agency or insurance agency declined, terminated or restricted?		
Do you have Professional Indemnity insurance?		
Do you hold client money?		

By submitting this application, I understand that I accept the terms of business.

Signature	Date
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