Producing Broker Application Form



The purpose of this form is to fulfil our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you. We wish to work only with those who are committed to our standards and we will undertake due diligence to ensure this

Throughout our operations we maintain systems and controls for compliance with applicable requirements and standards under regulatory systems worldwide. Importantly, this includes policies and procedures for countering the risk of becoming involved in financial crime. We maintain a policy of zero tolerance towards bribery and corruption in all forms, whether directly or through third parties.

Please complete all sections of the application form.

Once completed	l, please	return the	form eith	er:
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1. By post to:

Pen Underwriting St Mark's Court North Street Horsham West Sussex RH12 1RZ

2. By email to:

agency.uk@penunderwriting.com

Please confirm the following:

I/We hereby make an application to become an agent of Pen Underwriting.
I/We enclose a copy of our most current Professional Indemnity Insurance certificate.
I/We attach a copy of our Group structure chart showing our ultimate parent company together with any subsidiary and affiliated companies.
I/We attach a copy of our most recent Report and Accounts and Group Report and Accounts where relevant

Section 1 – Company Details Please fill in all sections.



Company Name				
Trading Name (if applicable	2)			
Trading Name (if applicable	=)			
Country of Registration &	Company Regi	stration Number (if applicable)	
Date established				
Organisation Type /Legal S	Status (please ti	ck one)		
Sole Trader	☐ Privat	e Limited Company	/ Uninco	orporated ation
☐ Partnership	☐ Public	c Limited Company	Limited	d Liability Partnership
Other please state:				
Trading Address				
		Postcode		
Telephone Number				
Registered Office				
Telephone Number		Postcode		
relephone Number				
Website Address				
Principal Business Activity				
Primary Contact Name and	d Email Address	5		
-				
Primary Contact Name at	Pen Underwritii	ng		
Please list below the name of Key Personnel, Principals, Directors, Partners or controllers in your business (a controller is a person who: (a) holds 20% or more of the shares or voting power in your firm, or in a parent of your firm; or (b) holds shares or voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm):				
Title/Forename/Surname	Date of Birth	Address	Position Held	Time with the firm
	2			



Section 2 – Regulatory Information Please fill in all sections.

	Yes	No
re you registered with the FCA? (if yes, please provide your		
no, please provide your regulatory authority you are registere clow together with the related registration number)	ed With	
CA Number:		
other Regulatory		
uthority:		
utilonty.		
you are an appointed representative please state your Pri	ncipals name and FCA n	umber:
	Yes	No
re you authorised to hold client money? (if yes, please indic	cate below	
hether it is held in a statutory or non-statutory account)		
	Yes	No
lease confirm that any RMAR and Client Money obligation	is have	
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peen met Please confirm that all Financial Sanctions and Anti-Bribery Corruption checks are in place with any exceptions having b	· &	
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Section 3 – Additional Company Information (continued)

	Yes	No
Do you have more than one branch that requires agency facilities (excluding any Appointed Representatives)? Please provide full address and contact details below		
What software system do you currently use?		
Are you a member of a Network or Affinity Group? (if yes, please specify t	he name and	your
membership status)	nie name and	your

Section 4 – Professional Indemnity

Please fill in all sections.

	Yes	No
Do you currently hold professional indemnity insurance? (if yes, please		
attach a copy of your P.I. certificate) - *PLEASE NOTE THE APPLICATION		
WILL NOT BE PROCESSED WITHOUT THIS INFORMATION*		

Section 5 – Sales Information

Please fill in all sections.

Please provide details of the Gross Written Premium (GWP) for the types of general insurance that you currently provide:	
What is your total Gross Written Premium?	£
What is the Commercial split?	£
What is the Personal split?	£

Section 6 – Business Continuity Planning

Please fill in all sections.

	Yes	No
Do you have a business continuity plan in place that meets FCA		
requirements? (if yes, please provide details below of when this was last		
tested or when it is due to be tested)		

Section 7 – Pen Underwriting Products Please fill in all sections.





Please indicate below the reason as to why you would like to do business with Pen Underwriting and those products that you wish to access:		
	•	
Disease in disease the level of	f CMD anticipate annuiding Day	
Underwriting in your first	f GWP you anticipate providing Per	n £
Onderwriting in your mist	year or trading with us.	
Section 8 – Ba	nk Dotails	
Please fill in all sections	5.	
Business Account Details		
Bank Name		
Dank Ivanie		
Bank Address		Postcode:
Your Reference		rostcode.
Account Name		
Account Number		
Sort Code		
SWIFT Code		
IBAN		
IDAN		
Client Money/Fiduciary Fu	unds Account Details (if applicable)	
Bank Name	(
Bank Address		Postcode:
Your Reference		
Account Name		
Account Number		
Sort Code		
SWIFT Code		
IBAN		

Section 9 – Declaration

Please fill in all sections.



Has any Director, Partner, Proprietor or Manager personally or by association:

If any of the below questions are answered as 'Yes', please provide further details in the box provided.

	Yes	No
Been convicted of a crime involving dishonesty or breach of trust?		
Been charged with or convicted of a criminal offence other than a		
minor motoring offence in the last twelve months?		
Been disqualified under company law?		
Been found liable for negligence, fraud, wrongful trading or		
malpractice in connection with business activity?		
Been declared insolvent, bankrupt or made any similar arrangement		
with creditors?		
Been refused membership, censured, fined, disciplined, suspended, or		
expelled by any insurance industry regulatory body or trade		
association?		
Had a licence, authorisation or registration to conduct insurance		
business suspended, withdrawn or not renewed?		
Has your company been involved in any legal/court proceedings in the		
last 12 months?		
Is your firm or any Director, Principal, partner or key member of staff a		
specifically designated person under a financial sanction regime, or the		
subject of sanctions targets as designated by the US Office of Foreign		
Assets Control, the European Union, or HM Treasury?		

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Producing Broker (see 'Terms' below).

- I declare on behalf of the Producing Broker that, to the best of my knowledge and belief, the information contained in and attached to this application information is accurate, complete, upto-date and purports to be comprehensive and not misleading.
- I acknowledge and agree on behalf of the Producing Broker that any information provided pursuant to the application constituting personal data may be stored at and/or processed in accordance with our Privacy Statement (available on request).
- I acknowledge that, where circumstances lead Pen Underwriting to suspect bribery, corruption, or
 other financial crime in relation to business with the Producing Broker, additional due diligence
 may be carried out and further steps taken, including, the notification to the relevant authorities,
 status and credit checks using credit reference agencies, and other background checking, as
 deemed appropriate.
- I undertake to immediately advise Pen Underwriting of any material changes to information contained within this questionnaire, being matters of which Pen Underwriting would reasonably expect notice.

Name	
Position	
Signature	
Date	



Pen Underwriting is the overarching brand for the MGA businesses within our group.

- Pen Underwriting Limited. Company Number: 5172311
- Pen Underwriting (Zennor) is a trading name of Zennor Limited. Company Number: 4254495
- Pen Underwriting (Ink), Pen Underwriting (Commercial), Pen Underwriting (Dallas Kirkland), Pen Underwriting (IRS), Dallas Kirkland (Professions), Dallas Kirkland Recruitinsure, IRS, Indemnity Risk Solutions and Ink Insurance are trading names of Ink Underwriting Agencies Limited. Company Number: 3110970
- Pen Underwriting (OAMPS) and OAMPS Schemes are trading names of OAMPS (UK) Limited. Company Number: 1969267
- Pen Underwriting (Vela), Vela Underwriting and Vela Risk Services are trading names of Oval Insurance Broking Limited. Company Number: 1195184
- Pen Underwriting (Think), Think e-trading, Heath Lambert Insurance Services (HLIS) and Homeline are trading names of Heath Lambert Limited. Company Number: 1199129
- Pen Underwriting (Keelan-Westall) and Keelan Westall are trading names of Property & Commercial Limited. Company Number: 8206861
- Evolution Underwriting Limited. Company Number: 04996236

All legal entities mentioned above are authorised and regulated by the Financial Conduct Authority. Registered in England and Wales. Registered Office (unless otherwise stated): The Walbrook Building, 25 Walbrook, London EC4N 8AW. Oval Insurance Broking Limited - Registered Office: 9 South Parade, Wakefield, WF1 1LR. Evolution Underwriting Limited - Registered Office: Suite 2, 8 West End, Kemsing, Sevenoaks, Kent, TN15 6PX.