



JCB INSURANCE SERVICES LTD INTERMEDIARIES AGENCY APPLICATION FORM -SUB BROKERS

Please complete this form and return it to : JCB Insurance Services Ltd, Woodseat, Rocester, Staffordshire, ST14 5BW

TRADING TITLE		DATE ESTABLISHED	
ADDRESS			
TEL No:		FAX No:	
WEB SITE ADDRESS:		E. MAIL :	

NATURE OF TRADING / STRUCTURE

SOLE TRADER	YES / NO	PARTNERSHIP	YES / NO	LIMITED CO	YES / NO
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DETAILS OF DIRECTORS, PARTNERS OR SOLE PRINCIPALS

NAME	D.O.B	COMPANY SHARE HOLDING	PROFESSIONAL QUALIFICATIONS
1			
2			
3			

F.S.A DETAILS

F.S.A REGISTRATION NUMBER:	
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PROFESSIONAL INDEMNITY

NAME OF UNDERWRITERS		LIMIT OF INDEMNITY		RENEWAL DATE	
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BANK DETAILS – Clients Premium/IB Account

NAME:		ADDRESS:	
SORT CODE:	--	ACCOUNT NAME:	
ACCOUNT NUMBER:		DATE ACCOUNT OPENED:	

DECLARATION

I/We hereby apply for agency facilities with JCB Insurance Services Ltd and confirm that the above statements are true. I/we undertake to observe and abide by the JCB Insurance Services Ltd terms of business. I/we can confirm that I/we have never become bankrupt or had a receiving order made against me/us or entered into a deed of arrangement with creditors or ever been convicted of a criminal offence. I/we have never been subject to any disciplinary procedures instituted by the F.S.A or any other regulatory body. I/we undertake to advise you should my/our FSA status change in any way.

SIGNED:		DATED:	
SIGNED:		DATED:	

