

# GOODSURE UNDERWRITING LIMITED

9 Fellowes Road, Peterborough, Cambridgeshire, PE2 8EA.  
Tel: (01733) 352000 Fax: (01733) 296880 E-Mail: administrator@goodsure.co.uk

## Agency Application Form

Trading Title:	
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Address:	
Postcode:	

Telephone:	
Fax:	
E-Mail:	

Nature of Trading ( <i>Delete as necessary</i> )	Sole Trader / Partnership / Limited Company
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### Details of Directors:

	<i>Name</i>	<i>Address</i>
1.		
2.		
3.		
4.		
5.		

	<i>D.O.B</i>	<i>Share Holding in Company</i>	<i>Professional Qualifications &amp;/or Experience</i>
1.			
2.			
3.			
4.			
5.			

*Please use a separate sheet if necessary*

### Professional Indemnity:

Insurer:	Policy No:
Limit of Indemnity:	Renewal Date:

Authorisation:

Are you authorised to carry out general insurance mediation by the Financial Services Authority?		Yes/No
Please confirm your Firm Reference No. as provided by the FSA		

Consumer Credit Licence:

Licence No:		Expiry Date:	
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Insurer Agencies

Please give details of 3 other insurers that you hold agencies for:

1.	Name:	
2.	Name:	
3.	Name:	

Banking Details:

Account Name:	
Address:	
Postcode:	

Sort Code:		Account No:	
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Accountants Details:

Name:	
Address:	
Postcode:	

**Declaration:**

I/We hereby apply for agency facilities with Goodsure Underwriting Ltd and confirm that the above statements are true. In the event that facilities are granted I/we undertake to observe and abide by Goodsure Underwriting 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.

Signed..... Date.....