



CAPITAL IM

Underwriting & Insurance Markets

CAPITAL IM

APPLICATION FOR AGENCY AS INSURANCE INTERMEDIARY

Name of Brokerage: _____

Address: _____

Central Bank Ref No: _____

Tel: _____

Fax: _____

E-mail: _____

1. If a Limited Company:

Registered Number: _____

Names of Directors/Shareholders:

2. If a Sole Trader/Partnership:

Name of Sole Traders or Partners:

3. Year brokerage was established:

4. Financial Year-End:

5. Name of Auditors:

6. Details of Professional Indemnity Insurance:

Level of Indemnity: _____ Insurer: _____

7. Is the brokerage registered to undertake insurance mediation under the European Communities (Insurance Mediation) Regulations, 2005?

Yes No

8. Is the brokerage a member of IBA?

Yes No

9. Has the brokerage been the subject of a winding up, dissolution, or bankruptcy proceedings at any time?

Yes No

If yes, please give details:

10. Has the brokerage, director, partner or shareholder of the brokerage ever been subject to any disciplinary action by any regulatory body?

Yes No

If yes, please give details:

11. Have you ever had an agency appointment cancelled?

Yes No

If yes, please give details:

12. Have you ever had an agency application refused by any Insurer?

Yes No

If yes, please give details:

**PLEASE ATTACH EVIDENCE OF YOUR PROFESSIONAL INDEMNITY INSURANCE
ALONG WITH YOUR CENTRAL BANK CERTIFICATE OF REGISTRATION**

Signed: _____ **Dated:** _____

Position: _____