



7th Floor, 50 Fenchurch Street
London, EC3M 7HS

KINETIC INSURANCE BROKERS LIMITED TERMS OF BUSINESS AGREEMENT APPLICATION

1. Name (inc. subsidiaries if applicable):

Address:

Post code:

Tel & Fax Number:

Email Address:

Company Reg No:

2. a) Are you directly authorised by the FSA?

Yes

No

If yes, Please state FSA registration number:

b) Has any application for membership of any professional body ever been refused, cancelled, declined or withdrawn?

Yes

No

c) If not authorised directly by the FSA are you an Appointed Representative? (if yes, please give details below)

Yes

No

3. Details of Directors, Partners or Executives and their professional qualifications:

<u>Name</u>	<u>Age</u>	<u>Qualification</u>	<u>Date Qualified</u>

4. Are you Members of any other professional bodies
Such as BIIBA?

Yes

No

If yes, please provide details:

5. Do you hold Professional Indemnity Insurance?

Yes

No

PLEASE PROVIDE A COPY of your cover note and state the indemnity:

£

Insurers:

Expiry Date:

6. Number of Staff:

7. Issued Share Capital:

Who owns the share capital?

<u>Shareholders name</u>	<u>Percentage</u>
	%
	%
	%
	%



8. Annual Income:

PLEASE PROVIDE A COPY of your latest set of accounts together with your estimate of the following year's income analysed between insurance brokerage and other income:

Period covered by estimate:

Insurance Income:

Other:

Total Estimated Income:

9. Name of Bankers:

Address:

Post code:

10. Name of two Insurance Companies with which you hold agencies:

1.

2.

11. Have you any existing facilities with Lloyds Syndicates either direct or through Lloyds Brokers:

Yes

No

If yes, please provide full details



12. Has any Insurer, Syndicate or Broker (Lloyds or otherwise) refused or withdrawn your Agency?

Yes

No

If yes, please provide full details

13. Has any Director, Partner or Executive ever been declared bankrupt or compounded with his or her creditors?

Yes

No

14. Please indicate the relevant contact for each class of business:

Principal Contact:	
Commercial Contact:	
Personal Lines Contact:	
Compliance Contact:	
Other Contact:	(please specify)

I/we authorise you to make any enquires you may deem necessary in connection with this application:

Signature:

Date:

Terms of Business Agreement attached.