



CITYNET

LLOYD'S BROKER

# Agency Application

Broker at **LLOYD'S**

# Agency Application Form

Citynet Insurance Brokers Ltd (“Citynet”) maintains systems and controls to enable it to comply with its regulatory and legal obligations. This form is designed to assist Citynet in meeting its obligations and professional standards by obtaining pertinent details of your business so that it can perform appropriate vetting and approval before entering into a contractual relationship with you.

This form must be completed by a Director or Senior Compliance Officer of the Company and we advise you that any information given will be treated confidentially.

## By submitting this form you confirm and agree that:

- **You** are applying to become an Agent of Citynet Insurance Brokers Ltd
- **You** will keep Citynet Insurance Brokers Ltd updated with changes to your business and decision makers that are relevant to the agency agreement.
- **You** agree that Citynet Insurance Brokers Ltd will make relevant enquiries when assessing your suitability for agency status, this could include credit searches, Companies House searches, checks with your regulator and sanctions checking.
- **You** remain regulated.
- **You** will from time to time provide updated financial information if requested.

Please note the completion of the application does not commit Citynet Insurance Brokers Ltd to granting an agency, we will advise you in writing once the application has been successful and will send over our terms of business.

Citynet Insurance Brokers Ltd reserve the right to refuse any application for an Agency without giving any reason or explanation.

## **Completed signed applications should be sent to:**

Citynet Insurance Brokers Ltd  
71 Fenchurch Street  
London, EC3M 4BS

Or e-mail to David Walland [dw@citynet.eu.com](mailto:dwalland@citynet.eu.com)

## **Check list**

To avoid delays, please ensure that you have:

- Completed sections 1 to 6
- Enclosed your last Audited Accounts
- Enclosed a copy of your current PI Certificate

## Section 01 – The Firm’s Details

<b>1.1</b> Full name of firm/individual:

<b>1.6</b> Fax No.

<b>1.2</b> trading name(s) for your business (if any):

<b>1.7</b> Email address

<b>1.3</b> Your business address:

<b>1.8</b> Registered company number and country of registration

<b>1.9</b> Website

<b>1.4</b> Registered/principal address (if different):

<b>1.10</b> Contact name in relation to this application

<b>1.11</b> Contact email address in relation to this application

<b>1.5</b> Telephone No.

<b>1.12</b> Date the firm was established

## Section 02 – Legal and Regulatory Information

### 2.1 Legal status of your business

- Sole Trader
- Partnership
- Limited Co.
- Public Limited Co.
- Other

### 2.2 What are the principal activities of your firm?

### 2.3 If your principal business is insurance mediation what classes/lines do you intend to place via Citynet

### 2.4 In which countries are your clients and their risks located?

### 2.5 Is the firm partly or wholly owned by another entity?

YES

NO

### 2.6 If YES please provide details Including percentage of ownership

## Section 03 – The Firm’s Personnel

**3.1** Please list below details of all Directors with significant influence/control over the business. Please use separate sheet if required.

Forename/Surname	DoB	Nationality	Position	No. years experience	Qualifications

**3.2** Does any government official or government employee have any membership or financial interest in your firm YES  NO   
 If YES please provide details

**3.3** Persons who will be responsible for the day to day running of the business to be placed with Citynet

Email address

**3.4** Total number of employees

**3.5** Number of directors

**3.6** Number of producers

**3.7** Number of administrative Staff

**3.8** Number of claims Staff

## Section 03 – The Firm’s Personnel

<p><b>3.8</b> Has the firm, or any Directors, Partners, officers or senior staff been convicted or charged with a criminal offence other than a minor motoring offence in the past 12 months?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Been found liable for negligence, fraud, wrongful trading / malpractice?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Been disqualified under company law?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Been subject to any application for or declaration of liquidation, receivership, bankruptcy or similar proceeding?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Entered into any agreement or assignment with creditors or acknowledged insolvency?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Had a licence or authorisation to conduct business refused, suspended, withdrawn or not renewed?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>Been censured, fined, disciplined, suspended, expelled or refused membership by any industry regulatory body?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>If YES please provide details</p> <div style="border: 1px solid black; height: 250px; width: 100%;"></div>		

## Section 04 – The Firm’s Insurance Business

<b>4.1</b> Is your firm part of a group?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide a group structure

<b>4.2</b> Please advise the name of your Regulator	
Financial Conduct Authority	
Central Bank	
Other – Please Specify below	

<b>4.3</b> Your firm’s regulatory reference

<b>4.4</b> Please provide details of any existing direct facilities you have with Lloyds Insurers

<b>4.5</b> Does the firm handle Retail Business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>4.6</b> Does the firm handle Wholesale Business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>4.7</b> The firms Total Gross Written Premium

<b>4.8</b> Estimated Premium you expect to transact via Citynet	
Property	
Liability	
PI	
Motor	
Other	

<b>4.9</b> Is the firm a member of any Insurance Trade Associations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES, please list below

## Section 05 – The Firm’s Professional Indemnity Cover

<b>5.1</b> Does the firm hold Professional Indemnity cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If YES please enclose a copy of your PI certificate with this application, please note we will not be able to process the Agency application without this information.

## Section 06 – Client Money and Financial Information

**6.1** Are you authorised to hold Client Money

YES

NO

If your answer to the above was NO Please advise how you handle Client Premiums

**6.5** Please enclose a copy of your audited accounts with this application. (Please note we will not be able to process the Agency application without this information)

**6.6** Please confirm that the firm is compliant with the money laundering and financial crime rules applicable in its jurisdiction

YES

NO

**6.2** Please give a brief description of how you hold Client Money e.g. held in a designated statutory or non-statutory account

**6.7** Please provide the following details for your business' bank account

Bank Name	
Bank address	
Account name	
Account number	
Sort code	
Currency of account	

**6.3** Has the firms Client Money Systems and controls been audited within the last year?

YES

NO

**6.4** Please confirm that your latest accounts were audited

YES

NO

**6.8** If you operate a separate bank account for client funds please provide the following details

Bank Name	
Bank address	
Account name	
Account number	
Sort code	
Currency of account	

## Section 07 – Other Information

**7.1** Please confirm that the firm is in compliance with local Data Protection rules applicable in the jurisdiction

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**7.2** Please confirm that you have policies and procedures in place to comply with your regulatory and legal obligations

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**7.3** Can you provide brief details of how you heard about Citynet, and what your firm consider as the most important factors to help us help you enjoy a successful business partnership.

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## Section 08 – Checklist

Please ensure you have answered all the questions and enclosed the following:

- Copy of our current Professional Indemnity Schedule
- Copy of our latest audited accounts
- Copy of Company Registration Certificate
- Organisation Structure Chart

## Section 09 – Declaration

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the firm.

I declare on behalf of the business that, to the best of my knowledge and belief, the information contained in and attaching to this application is accurate, complete and up-to-date.

I acknowledge and agree on behalf of the firm that any information provided as part of this application that is personal data (as defined under the UK's Data Protection Act 1998) may be stored and/or processed by Citynet in accordance with Citynet's Privacy Policy.

I acknowledge that, where circumstances cause Citynet to suspect bribery, corruption or other financial crime in relation to its trading activities with the firm, additional enquires and due diligence may be undertaken and further steps taken as appropriate including (but not limited to) notification to the relevant authorities, status and credit checks with credit reference agencies and other pertinent background checks.

By signing below I confirm that I have read and understood the above declaration.

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Signed

.....  
Print

.....  
Position

.....  
Date

