

CLASSIC AND COLLECTABLE CLUB INSURANCE

Agency Application Form

Company Name:	
Trading As:	
Address including Postcode:	
Telephone Number including STD:	
Fax Number:	
General E-Mail Address:	
Contact Name:	

Legal Status *Please tick where applicable	
	Public Limited Company
	Private Limited Company
	Partnership
	Sole Proprietor
	Other (Please Specify)

Names of all Partners/Directors/Principals/ Company Secretary	Qualifications	Employment/Experience

Date when business first established:	
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FINANCIAL REGULATOR MEMBERSHIP	
Is your business registered and regulated by FSA?	YES/NO
If yes, please confirm your FSA registration number? (please enclose copy)	YES/NO
FSA Registration Number	

Is your business a member of any other Insurance Association?	YES/NO
If yes, please specify:	

Has any Insurer, or any other party placing business on your behalf, cancelled, declined or restricted the Terms of any Agency with you?	YES/NO
Has any principal, partner or director of the proposed Agency ever been the subject of liquidation/bankruptcy proceedings?	YES/NO
Have you or any principal, partner, director or senior employee been convicted of any criminal offence (excluding driving offences) not treated as a spent conviction under the Rehabilitation of Offenders Act 1974?	YES/NO

If yes to any of the above questions, please give full details below:

DECLARATION

I/We wish to become an appointed agent of CLASSIC AND COLLECTABLE CLUB INSURANCES LTD. I/We declare that to the best of my/our knowledge and belief all statements are true and nothing has been withheld which would influence this application.

	1	2
NAME(S) OF APPLICANT(S)		
POSITION HELD		
SIGNATURE		
DATE		
	3	4
NAME(S) OF APPLICANT(S)		
POSITION HELD		
SIGNATURE		
DATE		

PLEASE NOTE THE FOLLOWING

- 1 Application by Limited Companies must be signed by a Director and in the case of a Partnership at least two signatures to this application are required.