

Applicant Form 2024 Intermediary Application Form

1. Instructions for intermediary approval

1. Please complete this Intermediary Application, either electronically or in paper form, by filling out each section.
2. Once complete, please ensure that you have signed and completed the Data Protection & Declaration section.
3. Ensure that any additional sheets of information are signed and dated.
4. Please return the completed Intermediary Application, together with any supporting documentation and a signed TOBA, to info@Inperio.co.uk or, by post, to 5 Lloyds Avenue, London, EC3N 3AE.

For further support on completing the Intermediary Application and TOBA please contact us on 0203 176 5640.

2. Applicant Details

Applicant's Full Name	<input type="text"/>		
Trading name(s) of Applicant if different	<input type="text"/>		
Country of Incorporation	<input type="text"/>	Date of Incorporation	<input type="text"/> / <input type="text"/> / <input type="text"/>
Co Registration Number	<input type="text"/>	FCA Authorisation Number	<input type="text"/>
Registered Office Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Correspondence Address if Different from Trading Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Name of Main Contact	<input type="text"/>		
Email Address of Main Contact	<input type="text"/>		

3. Applicant Ownership & Control

Please provide the names and equity interest of all shareholders who have more than 5% equity interest in the applicant	<input type="text"/>	<input type="text"/>	%
	<input type="text"/>	<input type="text"/>	%
	<input type="text"/>	<input type="text"/>	%

Please Provide Details of all Directors of the applicant (please continue on additional paper if required)

Full Name Date of Birth / /

Home address

Postcode

Full Name Date of Birth / /

Home address

Postcode

Full Name Date of Birth / /

Home address

Postcode

Full Name Date of Birth / /

Home address

Postcode

4. Details about the Applicant

Please provide the main classes of Insurance undertaken by the Applicant

Property	Yes <input type="checkbox"/>	Terrorism	Yes <input type="checkbox"/>	Commercial	Yes <input type="checkbox"/>
Professional Indemnity	Yes <input type="checkbox"/>	Motor	Yes <input type="checkbox"/>	Personal Lines	Yes <input type="checkbox"/>
Other	<input type="text"/>				

Is the applicant authorized to hold client money?
If No, how will the Applicant arrange for monies to be collected from, or returned to, the client? Yes No

Are client monies held in a separate trust account from that of the Applicant under the CASS rules? Yes No

Is the Applicant an Appointed Representative or an Appointed Introducer?
If Yes please provide the name and address of the principal Yes No

5. Details about the Applicant's Professional Indemnity Insurance

Limit of Indemnity Held Excess held
 Name of Lead Insurer Renewal Date / /

Has the applicant been subject to any successful PI claims against them in the last 3 Year Yes No
If Yes Please provide details of type of claim and quantum paid

6. Business Record

Has the Applicant, any partner or director or any other person responsible for general insurance business concerned with the Applicant's agency, at any time:

Had a receiver or administrator appointed or failed to come to an arrangement with any of its creditors? Yes No

Made an application for bankruptcy or compulsory winding up, or whilst owning more than 50% of, or acting as a partner or director of, been wound-up as an insolvent company? Yes No

Had an application to enter into an agency relationship for general insurance business refused? Yes No

Been aware of its affairs having been investigated by any government/agencies/regulator? Yes No

Been convicted of any offence (excluding motoring offences)? Yes No

Entered into a settlement of £10,000 or greater so as to avoid any legal proceedings? Yes No

Been involved in (including being currently involved in) proceedings or regulatory action? Yes No

If Yes to any of the above please provide further information on a separate sheet

7. Declaration

By signing this Intermediary Application you consent to Inperio using the information we may hold about you to process personal data about you. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information, for which we may charge a small fee, and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any facts or opinion which may be relevant to your consideration of this Intermediary Application. I/We understand that the information I/We provide will be used by Inperio its employees, agents or any member of the group of companies of which you form part.

In the event of an acquisition or merger between the Applicant and a third party, I/We understand that I/We must bring this to your attention

Signature

Name

Position Date / /

Inperio (London) Limited

5 Lloyds Avenue, London +44 203 176 5640 | www.inperio.co.uk

Inperio Limited is an Appointed Representative of Bannerman Rendell Limited who is authorised and regulated by the Financial Conduct Authority, Firm Reference Number 308692

8. Appointed Representative – Principal Questionnaire

Name of Principal:

Company Registration Number: FCA Authorisation Number:

How many AR's do you have:
(not counting introducer appointed representatives)

Company Name

Trading Name (if Different)

Address

 Postcode

Main Contact Name

Main Contact Email Address

FCA Number

Turnover Number of Employees

Company Name

Trading Name (if Different)

Address

 Postcode

Main Contact Name

Main Contact Email Address

FCA Number

Turnover Number of Employees

Company Name

Trading Name (if Different)

Address

 Postcode

Main Contact Name

Main Contact Email Address

FCA Number

Turnover Number of Employees

If you have more than five AR's then you would be identified as a 'Network' and we will require further detail on contract and control measures in place.

Do you authorise your AR's to Engage directly with Inperio:
Inperio can only accept Client Money from Principals Account as outlined in our TOBA Yes No

Please Confirm that your ARs operate to CASS 5 principals: Yes No

Please confirm the frequency which you audit your ARs in respect of Conduct Risk and Financial Stability

Are these Audit's subject to a written Report Yes No

Please confirm if you require your AR's employees to maintain continuous training and development:
(if Yes) how often if this checked and verified Yes No

Do you allow your AR's to have Multiple Regulated Principals, or conduct any regulated activities outside of your oversight arrangement Yes/No
If Yes please provide details Yes No

Please Note

- You are responsible for keeping all the required information and records for future inspections. Inperio may ask for evidence at any time to verify that:
- Your AR is financially stable
- AR staff are competent – with mandatory qualifications and training recorded and available for inspection if required.
- You monitor your appointed representatives on a regular basis to make sure they remain competent and financially stable.
- You can demonstrate controls that the appointed representatives meets Inperio's TOBA requirements.
- Adequate and continuous professional indemnity insurance cover is in place to cover any liabilities that may arise AR activity.
- It is your responsibility to make sure you keep Inperio informed of who your ARs are and that, and where appropriate notify us immediately of any changes to these.