

Agency Application

Name							
Trading Name							
Address							
Postcode		Email					
Telephone			Fax				
Web site							
Are you a <i>(please tick)</i>		Sole Trader?	<input type="checkbox"/>	Partnership?	<input type="checkbox"/>	Limited Company?	<input type="checkbox"/>
Limited companies please state registered number							
Names of Proprietors /Partners / Directors							
Have you received FSA Authorisation?		Yes / No	FSA Registration Number				
Name of PI Insurer							
Limit of Indemnity			Excess		Renewal		
Classes of business written							
Annual Premium Income							
Have you ever had an agency cancelled? <i>(If yes, please give details)</i>							
Please give the names of other companies / syndicates with which your organisation holds agency facilities							
I declare that to the best of my knowledge and belief the statements made in this application are true. I understand that the information I have provided will form part of the contract for agency facilities with Harvington Underwriting Limited			Signature				
			Name				
			Position				
			Date				