



This questionnaire should be completed in full and returned to us at your earliest convenience.

Throughout this form (unless otherwise stated), the 'Firm' means the person, company or partnership in respect of which this questionnaire is being completed and the 'Company' means Thistle Insurance Services Limited.

Please type or print clearly. Answer "none" if applicable (do not cross-through or leave questions blank). If the space provided for response to any question is insufficient, please advise the full details on a separate sheet.

This questionnaire should be completed by an Individual with authority and who is able to sign on behalf of the Firm. If you require any clarification or assistance in relation to the completion of this form, please do not hesitate to contact your usual Company contact.

All information provided in this questionnaire will be treated as strictly private and confidential and used by the Company only for the purposes of evaluating the Firm's request to commence a trading relationship.

The completion of this questionnaire does not place an obligation on the Firm or the Company to enter into a trading relationship. However, the Company shall be able to rely upon any information provided by the Firm in this questionnaire and any supporting information in the event that the Company does commence trading with the Firm.

To satisfy our obligations with regard to Global Financial Crime legislation we run certain checks to confirm there is no prohibition against us working for you.

1. Firm's Details:

Full Legal name of Firm:

Trading name(s) if applicable:
.....
.....

Registered Office address:
.....
..... Postcode:

Office location address (please list all offices which are included in this return and to which the following details apply):
.....
.....
..... Postcode:

Accounting office address:
.....
.....
..... Postcode:

Website address:
Telephone number:
Fax number:

When was the Firm established?



Legal form of business: Sole Trader Partnership Limited Company

Is the Firm owned, in whole or in part by another organisation? Yes No

Please state the name(s) and location(s) of such organisation(s) together with the percentage of ownership and the type of business carried on by it (or each of them).

Name of Organisation	Location	% of Ownership	Type of Business
.....
.....
.....
.....

Please supply a copy of the company structure chart and, if applicable, the Group structure chart.

Please give names and details of all active directors, partners and principal officers including shareholders if not owned by another Company:

Full name	Position
.....
.....
.....
.....
.....

Does the Firm own, in whole or in part, another organisation? Yes No

If Yes, please state the name(s) and location(s) of such organisation(s) together with the percentage of ownership and the type of business carried on by it (or each of them):

Name of Organisation	Location	% of Ownership	Type of Business
.....
.....
.....

2. Relationship Information:

Does the Firm have any business or other links with the client(s), its Directors or Officers or Shareholders? Yes No

if Yes, please describe:

.....



Are you or the client(s) you are associated with state-owned enterprise(s)? Yes No

Please list details for all Directors, Principals / Partners and Senior Managers:

Full Name & Qualifications	Position	Prior experience if in position less than 5 years
.....
.....
.....
.....
.....
.....
.....
.....

3. Regulatory and Registration Information:

Please state Company Registration number:

Regulatory Information (evidence thereof to be provided).

Name of Regulatory Body:

Registration number for Firm:

Regulator website address:

If authorisation is not required in your country of domicile please explain why:

.....

..... Is the Firm a member of any Broker or Agency trade association? Yes

No

If so, please identify:

a) Has membership ever been declined, cancelled or withdrawn? Yes No

b) Has the Firm or any one of its employees, officers, directors or shareholders ever had any licence or authorisation in connection with the conduct of insurance business suspended or revoked, been refused relicensing or reauthorisation?
 Yes No

c) Has the Firm ever been or is currently involved in or aware of any circumstances that may result in it being publicly censored, disciplined, suspended or expelled by a regulator, a professional body, or a government body or agency?
 Yes No

d) Is the Firm a defendant in any current civil proceedings connected with professional activities in which an allegation of fraud, bribery or dishonesty is being made, the subject of any current criminal proceedings, or has the Firm been convicted of any criminal offence?
 Yes No



- e) Has any one of its employees, officers, directors or shareholders ever been convicted of any offence involving fraud, bribery, theft, false accounting or other dishonesty, or is any the subject of any current criminal or civil proceedings? Yes No
- f) Has the firm or any of its Principals or Directors or Senior Managers been the subject of any fine/investigation/inquiry in relation to anti-bribery or corruption or of a regulatory nature? Yes No
- g) Have you or any other Directors ever been the subject of a police investigation in any country which did not lead to a conviction? Yes No

If Yes, to any of the above questions (a-g) please provide full details, together with dates and fines (if imposed):

.....

.....

.....

.....

.....

.....

.....

Have any persons listed in your previous answers ever held an agency or transacted business with Thistle Insurance Services Ltd? Yes No

4. Business Information

Total commercial gross written premium: £

How is this split between the following products approximately?

Class %

Property	<input type="text"/> %	Motor	<input type="text"/> %	EL	<input type="text"/> %
Contract Works	<input type="text"/> %	PL	<input type="text"/> %	PI	<input type="text"/> %
Excess Layer	<input type="text"/> %	D&O	<input type="text"/> %		

Business type %

Tradesman	<input type="text"/> %	Manufacturer	<input type="text"/> %	Property Owner	<input type="text"/> %
Non manual PL/EL	<input type="text"/> %	Retailer	<input type="text"/> %	Other	<input type="text"/> %

Do you specialise in any class of business / trade sector? Yes No

If Yes, please provide details:

.....

.....



Do you offer any sub-broking facilities?

Yes No

If Yes, please provide details:

.....
.....

Is the company a member of any broker networks?

Yes No

If Yes, please provide details:

.....
.....

Do you currently use the services of a Lloyds Broker?

Yes No

If Yes, please provide details and specify which classes of business:

.....
.....

5. Fiduciary Funds

Are premium, loss or other funds owned by policyholders &/or insurers/reinsurers (fiduciary funds) kept in separate accounts from the Firm's own funds?

Yes No

Would the beneficial owners of fiduciary funds held in separate accounts be protected in the event of the Firm's insolvency, i.e. are they "trust" accounts, "IBA" accounts or subject to other legal provision which prevents their being available to the general body of creditors?

Yes No

If the Firm does not maintain segregated bank accounts, what other arrangements will be made to safeguard policyholders' &/or insurers'/reinsurers' Premium and Claims monies?

Yes No

6. Professional Indemnity Insurance

Does the Firm carry Professional Indemnity insurance covering its activities in connection with the placing of insurance and reinsurance business?

Yes No

If Yes please provide details of your Professional Indemnity Insurance:

Insurer:

Policy Number:

Expiry Date:

Indemnity Limit a) Per occurrence: b) Aggregate:

Excess/Deductible:



Required Enclosures

- t A copy of the Firm’s latest audited financial statements with comparative prior year data. (This is required information and an Agency application can be refused without it).
- t Copy of Professional Indemnity schedule.

Declarations

We apply to Thistle Insurance Services Ltd to place Insurance Business in accordance with the Terms of Business Agreement. We acknowledge that those terms govern how Insurance Business will be handled by us in our dealings with Thistle Insurance Services Ltd. We declare that the information given in this application is accurate and complete and we agree that this application is the basis for the working relationship between ourselves and Thistle Insurance Services Ltd. We understand that in the event that any of the information contained in this Application Form is not complete or accurate, our Terms of Business Agreement may be terminated by Thistle Insurance Services Ltd at its sole discretion. We confirm we have in place policies and practices that promote compliance with all applicable Laws, Rules, Regulations and Standards relating to anti-bribery and anti-corruption Law* in any relevant jurisdiction including the UK.

I confirm I have authority to sign on behalf of the Firm.

SIGNED:

NAME IN CAPITALS:

POSITION HELD:

EMAIL ADDRESS:

DATE:

**Should you require any reference material with regards to the UK Bribery Act 2010 please contact us.*