

**iprism New Broker Application Form**

When completing this application form, please note any questions marked with a ‘**\***’ are required fields.

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| **1.0** | **Agency Details** |
| 1.1 | What is the name of your Firm? \* |  |
| 1.2 | What is your main or registered address? \* |  |
| 1.3 | What is your trading name? (If different from 1.1) |  |
| 1.4 | What is your trading address? (If different from 1.2) |  |
| 1.5 | What is your FCA Registration Number? \* |  |
| 1.6 | What is your Company Registration Number? |  |
| 1.7 | When was your Company established? | *DD/MM/YYY* |
| 1.8 | What is the link to your corporate website? |  |

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| **2.0** | **Main Contact Details**  |
| 2.1 | What is the main contact’s name? \* |  |
| 2.2 | What is the main contact’s phone number? \* |  |
| 2.3 | What is the main contact’s email address?  |  |
| 2.4 | Would you like to receive marketing communications from us about our news or promotions? \* | *Yes* [ ]  *No* [ ]  |

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| **3.0** | **Compliance Contact Details**  |
| 3.1 | What is the compliance contact’s name? \* |  |
| 3.2 | What is the compliance contact’s phone number? \* |  |
| 3.3 | What is the compliance contact’s email address?  |  |

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| **4.0** | **About Your Business**  |
| Please indicate approximate Gross Written Premium (GWP) for all types of business, if not applicable, enter £0 \* |
| 4.1 | What is your approximate Commercial GWP? | £ |
| 4.2 | What is your approximate Personal GWP? | £ |
| 4.3 | Annual Premium Income  | £ |
| 4.4 | Do you have access to SSP? \* | *Yes* [ ]  *No* [ ]  |
| 4.5 | Please confirm your SSP reference number  | If yes \* (A0####) |
| 4.6 | Do you have access to Acturis? \* | *Yes* [ ]  *No* [ ]  |
| 4.7 | Please confirm your Acturis reference number  | If yes \* |

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| **5.0** | **Appointed Representatives** |
| 5.1 | Do you have any Appointed Representatives (ARs)? \* | *Yes* [ ]  *No* [ ]  |
|  | *If “Yes”, please complete Sections 5.2.0 to 5.5.2. If “No”, leave these Sections blank.* |

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| **Appointed Representatives Additional Information** |
| **5.2.0** | **About your Appointed Representatives (ARs):** |
| 5.2.1 | How many ARs do you currently represent as the Principal Firm? \* |  |
| 5.2.2 | Do your ARs currently, or plan to in the future, place business with iprism? \* | *Yes* [ ]  *No* [ ]  |
| 5.2.3 | What is the approximate annual GWP that your ARs place with iprism? \* | £ |
| **5.3.0** | **Governance and Compliance**: |
| 5.3.1 | Have you evaluated the suitability and solvency of your ARs? \* | *Yes* [ ]  *No* [ ]  |
| 5.3.2 | Do you have adequate resources to be able to effectively manage and monitor your ARs? \* | *Yes* [ ]  *No* [ ]  |
| 5.3.3 | Does your Professional Indemnity Insurance cover the activities of your ARs? \* | *Yes* [ ]  *No* [ ]  |
| 5.3.4 | Does the training and competence regime ensure that ARs are suitably trained in: \** Complaint’s handling
* Treating Customers Fairly and Consumer Outcomes
* Product knowledge
* Financial Crime
 | *Yes* [ ]  *No* [ ]  |
| 5.3.5 | Are all premiums and refunds of premium collected and paid directly into your segregated premium monies account? \* |  *Yes* [ ]  *No* [ ]  |
| **5.4.0** | **Please confirm that you have written agreements in place with all your ARs that cover the following:** |
| 5.4.1 | Clearly states the activities your AR is permitted to carry out \* | *Yes* [ ]  *No* [ ]  |
| 5.4.2 | Allows the Principal Firm’s auditor access to the AR \* | *Yes* [ ]  *No* [ ]  |
| 5.4.3 | Ensures that your AR will cooperate fully with the FCA including but not limited to: \** Accuracy of quotations and responsibility for errors
* Duty of care to the customer
* Clear allocation of responsibilities
* Allows termination in certain circumstances
 | *Yes* [ ]  *No* [ ]  |
| **5.5.0** | **Further Information**  |
| 5.5.1 | Do you have any further information to provide about your ARs? | *Yes* [ ]  *No* [ ]  |
| 5.5.2 | *If “Yes”, please provide further details in the box below. If “No”, leave the box blank.* |
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| **6.0** | **Director’s Details**  |
| 6.1 | What is the Director’s name? \* |  |
|  | What is the Director’s position?  |  |
|  | What date was the Director appointed?  | *DD/MM/YYYY* |
| 6.2 | What is the Director’s name? \* |  |
|  | What is the Director’s position?  |  |
|  | What date was the Director appointed?  | *DD/MM/YYYY* |
| 6.3 | What is the Director’s name? \* |  |
|  | What is the Director’s position?  |  |
|  | What date was the Director appointed?  | *DD/MM/YYYY* |
| 6.4 | Please create additional lines for additional directors, as required. |
| 6.5 | Has any of the persons listed above, personally, or by association \** Had any agency or similar facility declined, terminated, or granted on special terms with any insurer?
* Been subject to disciplinary proceedings instituted by any professional or regulatory body?
* Been convicted of any criminal offence other than minor motoring offences, not regarded as spent under the Rehabilitation of Offenders Act 1974, as revised in 2014?
* Been subject to a CCJ, declared bankrupt, or held a management position in a business that has been involved in liquidation, receivership, bankruptcy, a voluntary wind-up order, or is any similar procedure pending?
 | *Yes* [ ]  *No* [ ]  |
| 6.5.1 | *If “Yes”, please provide further details in the box below. If “No”, leave the box blank.* |
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| **7.0** | **Professional Indemnity (PI) Insurance** |
| 7.1 | What is the Limit of Indemnity? \* | *£* |
| 7.2 | Who is your PI Insurer? \* |  |
| 7.3 | Does this cover meet with current regulatory requirements? \*Includes guidance as per MIPRU 3.2.7 of the FCA handbook, “the minimum limits of indemnity per year are:(1) for a single claim, €1,300,380; and(2) in aggregate, the higher of:(a) €1,924,560; and(b) an amount equivalent to 10% of annual income (this amount being subject to a maximum of £30 million).” | *Yes* [ ]  *No* [ ]  |
| 7.4 | Please attach a copy of your PI Certificate \* | *Please remember to attach* |

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| **8.0** | **Finance Details**  |
| 8.1 | What is your Account Number? \* |  |
| 8.2 | What is your Sort Code? \* |  |
| 8.1 | What is the finance contact’s name? \* |  |
| 8.2 | What is the finance contact’s phone number? \* |  |
| 8.3 | What is the finance contact’s email address? \* |  |

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| **9.0** | **Agent Application Declaration for Risk Transfer and Trust Account** |
| **9.1** | **Risk Transfer**iprism operates under a Risk transfer agreement with its insurers and its brokers. When you apply for an Agency with iprism you agree to comply to the below clauses related to Risk Transfer and to delegation to sub brokers as stated in our TOBA.**4. Sub Agents**The Agent is not permitted to delegate any authority or permission, (including Risk Transfer), granted by iprism and their Insurers to a third party unless agreed in writing with iprism.If agreement is given by iprism to extend any permission under this agreement, the Agent must indemnify iprism and their Insurers for all acts and omissions of any person or company for whom this permission has been granted.The Agent is to ensure that any third party for whom this permission has been granted must be subject to a legally binding written contract containing obligations no less onerous than those imposed on the Agent under this Agreement. For the avoidance of doubt this includes the provisions of Clauses 9, 10 and 11.**9. Responsibility for Premiums**iprism and its introducing Agents have been appointed as agents of the Insurers for the purposes of receiving premiums from customers and for the purpose of receiving and holding premium refunds prior to the transmission to the client in question. In respect of this appointment, iprism has been given consent from all its Insurers to extend Risk Transfer to Agents, (and approved intermediaries of the Agent), of iprism and this will be in place once the customer has paid the premium to the Agent or their intermediary.

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| [ ]  | I confirm that I am aware the TOBA between iprism will be binding to Risk transfer and will require permission for sub agency as per above clauses. \* |

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| **9.2** | **Trust Account**Brokers authorised from the FCA are required from CASS 5.5 to maintain a separate Trust account. CASS 5.5.49 & 50 further require the [firm](https://www.handbook.fca.org.uk/handbook/glossary/G430.html) to request their bank to acknowledge to it in writing that:* all money standing to the credit of the account is held by the firm as trustee.
* the bank is not entitled to combine the account with any other account or to exercise any right of set-off or counterclaim against money in that account in respect of any sum owed to the bank on any other account of the firm.
* If the letters are not returned from the bank within 20 business days, you are required by rule to move the account of a bank who will be able to comply.

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| [ ]  | I confirm that the firm holds a Trust account or insurer broking account (IBA) in compliance with CASS5.5 and CASS 5.5.49 & 50 rules mentioned above, and I **provide** in attachment **written confirmation from our bank**. \* |

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| **9.2.1** | \*If you are **not able to** provide a copy of your Trust account or insurer broking account (IBA) bank letter, despite your compliance with the CASS rules, please provide a reason for this: |
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| **10. Declarations** |
| * I/we, the Director(s) apply to be appointed as an Independent Intermediary of iprism Underwriting Agency Limited, “iprism”, and ultimately their Insurers in respect of general insurance business conducted under the Terms and Conditions forming part of this Agreement.
* I/we also undertake to advise iprism Underwriting Agency Limited promptly and in writing:
1. of any change of name or trading title
2. of any change of address
3. of any change of Directors, Controllers, Principals, or Partners
4. of any changes in Capital Structure or Partnership Agreement
5. in the event of the business becoming bankrupt, insolvent, going into liquidation, entering into a composition with any creditors, or a receiver being appointed, with full details of all parties concerned
6. if any Partner, Director, or Controller of the Agent is or becomes subject to disciplinary proceedings instituted by any professional or other similar body
7. of any convictions for Criminal offences (other than minor motoring offences) of any Director, Controller, Principal or Partner occurring after the date of this Application
8. if any agency appointment with another insurer is terminated (other than for lack of support).
* I/we confirm that I/we am/are authorised by those involved to provide personal details in connection with these individuals, for the purposes of this application.
* I/we confirm our understanding that this agency appointment will not come into force until I/we have received written confirmation from iprism of an agency appointment together with an iprism Agency Number.
* I/we declare that the information given in this Agency Application is true and complete and I/we agree that this application shall be the basis of any agency appointment.
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| **Please confirm the above statements are correct: \*** | *Yes* [ ]  *No* [ ]  |

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| **11. Terms & Conditions** |
| The iprism Terms of Business Agreement (TOBA) is available to view and download: <https://www.iprism.co.uk/toba>  |
| I have read, understood, and agree to iprism’s terms and conditions and hereby verify by signature for and on behalf of my firm: \* | *I agree* [ ]  *I disagree* [ ]  |
| \*If you are not able to agree to our TOBA, please provide a reason for this: |
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| **12. Agreement by Signature** |
| Signed for on behalf of the Firm \* | *Signature* |
| Name \* |  |
| Position \* |  |
| Date \* | *DD/MM/YYYY* |

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| **13. Document check list** |
| Professional indemnity certificate attached? \* | *Yes* [ ]  *No* [ ]  |
| Trust account or IBA bank letter attached? \* | *Yes* [ ]  *No* [ ]  |