

Intermediary Application Form



1. Principal business details

Name of firm: Trading name (if different):

Business address:

Correspondence address (if different):

Contact name: Contact job title:

Telephone number: Email address:

Website: FCA registration number:

2. Type of firm (please tick)

Limited company: ☐

Sole trader: ☐

Partnership: ☐

If a limited company, please provide your registered number:

3. People of significant influence

For the purpose of Anti-Money Laundering Regulations, we are required to verify the identity of the intermediaries that we work with. In order to conduct appropriate due diligence, we may need to carry out electronic identity checks on the people of significant influence. A person of significant influence is those who own or control more than 25% of the business.

Please enter below the details of people of significant influence (e.g. directors, partners, sales managers etc.):

Name:	Date of birth:
Job title:	Length of experience:
Home address:	

Name:	Date of birth:
Job title:	Length of experience:
Home address:	

4. How do you conduct your business?

a. Do you have Professional Indemnity Insurance in place which meets the minimum requirements under MIPRU 3.2?*

Yes: ☐

No: ☐

b. I/We confirm that there is a vulnerable customer policy in place, and this is embedded into the business along with the Consumer Duty principles*: ☐

c. Please confirm that appropriate training is undertaken for all staff selling or discussing insurance*:

Yes: ☐

No: ☐

*We may request to see evidence of these at any time.

d. Please confirm which sales channels you use:

Call centre: ☐

Face to face: ☐

Web: ☐

Other: ☐

If other, please detail:

e. If you conduct your business via a call centre, please confirm whether you record your calls or take notes of the conversation?

Record calls: ☐

Take notes: ☐

f. Please confirm if your sales are advised or non-advised?

Advised: ☐ Non-advised: ☐

g. Please confirm how you, or any of your Appointed Representatives (if applicable), obtain new business leads, including the use of any third party (or connected) companies, and confirm how you verify the quality of these companies:

h. Please outline all the fees chargeable, or potentially chargeable, for the services you provide (including pre-sale, post-sale and cancellation fees):

5. If you are a Principal firm with Appointed Representatives, please complete all questions in section 5.

a. Please confirm the background checks undertaken prior to onboarding a new appointed representative:

b. Please confirm whether your Appointed Representatives fall under your own Professional Indemnity Insurance:

Yes: ☐ No: ☐

c. Please confirm how you monitor your appointed representatives' sales processes, please include all ongoing monitoring you undertake on your appointed representatives and how you ensure your AR's are treating customers fairly:

d. Please confirm what training and induction programme is undertaken by your Appointed Representatives:

e. Please confirm which of the following checks, if any, you undertake on your Appointed Representative's Directors/ Persons of Significant Influence:

Anti-Money Laundering Checks: ☐

Checks of any dissolved Directorships: ☐

PEP and Sanctions Checks: ☐

Google searches: ☐

Criminal Record Checks: ☐

Obtain proof of ID: ☐

Credit Checks: ☐

Obtain proof of address: ☐

Other: ☐

If other, please detail:

6. Declaration

a. Have you or any individuals named in Section 3 ever had an Agency terminated or had an application to enter in to an agency agreement refused or declined?

Yes: No:

b. Are you or any individuals named in section 3 aware of any circumstances which may result in disciplinary proceedings instituted by any professional body?

Yes: No:

c. Have you or any individuals named in Section 3 ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administrative order or entered in to an agreement with creditors, or is such a matter pending?

Yes: No:

d. Have you or any individuals named in section 3 ever been convicted or charged with (but not yet tried for) a criminal offence, other than a motoring offence, involving a non custodial sentence?

Yes: ☐ No: ☐

e. Have you or any individuals named in section 3 ever made any PI Insurance Claims?

Yes: ☐ No: ☐

If you have answered yes to any of the questions above, please provide further details below:

I/We confirm that the answers given on this application form are correct to the best of my/our knowledge and belief.

I/We acknowledge receipt of a copy of the Society Terms of Business and agree to abide by them and have enclosed a copy of the signed Terms of Business with this Application.

I/We understand that any information provided in this application form will be used and stored by the society for the purposes of processing this application form and for the purposes set out in the Terms of Business Agreement.

I/We agree that the society may use my/our information in order to provide me/us with information on products and services which may be of interest to us by (please tick):

Email: ☐ Telephone: ☐ Post: ☐

I/We accept that National Friendly will carry out due diligence on our business which includes, but not limited to, researching credit history and carrying out Anti-Money Laundering checks on all people of significant influence.

Signature: Date:

Signature: Date:

NOTE: For a Limited Company with more than one Director or a Partnership, we will accept the signature of only one Director or Partner on the understanding that they have authority to sign for and on behalf of all of the Directors, or Partners of the Company or Partnership.

Application Checklist

This is a checklist of information and documentation which must accompany your application.

- A copy of your organisation chart: ☐
- Email address for commission statements: ☐
- Email address for business receipts, premium defaults and cancellation notifications: ☐
- Email address regarding complaints: ☐

Bank account to pay commission

Name of intermediary:

Bank account name: Bank name:

Account number: Sort code:

Signed: Date:

Are you part of a commission club? Yes: ☐ No: ☐ Name of commission club:

What is your commission preference? Indemnity: ☐ Non-Indemnity: ☐

Please complete and return this application form to:
riskmanagement@nationalfriendly.co.uk