



**CUFFE &
COMPANY**
(INSURANCE) LTD.

Agency Application Form

Confidential

Please answer all questions fully and completely. This form collects the necessary information required for us to assess your suitability for agency facilities.

Section 1 – Company Information

Full Legal Company Name:

Trading Name (if applicable):

Registered Office Address (including Eircode/Postcode):

Trading Address (if different from above):

Telephone Number:

Contact Email Address:

Website Address:

Date Business Established / Years Trading:

Legal Entity (e.g., Sole Trader, Partnership, Limited Company):

Company Registration Number (CRO):

Software House Used and Network ID (E or RE Number, if applicable):

Section 2 – Key Contacts

Please provide the names, direct telephone numbers, and email addresses for the following main contacts:

Managing Director / Principal:

Name:

Email:

Compliance Officer:

Name:

Email:

Business Development Manager:

Name:

Email:

Accounts / Finance Contact:

Name:

Email:

Claims Contact:

Name:

Email:

Section 3 – Legal and Regulatory Status

Central Bank Registration Number (e.g., CXXXX):

Are you a member of Brokers Ireland? Yes ☐ No ☐

Are you a member any other professional trade body? Yes ☐ No ☐

(If yes, please specify)

Is the Company partly or wholly owned by another entity? Yes ☐ No ☐

(If yes, please provide details and percentage of ownership)

Section 4 – Professional Indemnity (PI) Insurance

A copy of your current PI Schedule is required with this application.

Name of PI Insurer:

Policy Number:

Renewal Date:

Limit of Indemnity per claim (and aggregate if applicable):

PI Excess / Deductible:

Section 5 – Client Money and Financial Information

Do you hold client money in a segregated bank account designated as a "Client Premium Account"? Yes ☐ No ☐

Applicant's Bank Name and Address:

Account Name:

Account Number (or IBAN):

Financial Year End:

Name of your Accountants / Auditors:

Section 6 – Directors, Partners, and Key Personnel

Name:

Position / Title:

Professional Qualifications (e.g., ACII, MDI, CIP):

Years of General Insurance Experience:

Percentage Shareholding in this Business:

Name:

Position / Title:

Professional Qualifications (e.g., ACII, MDI, CIP):

Years of General Insurance Experience:

Percentage Shareholding in this Business:

Name:

Position / Title:

Professional Qualifications (e.g., ACII, MDI, CIP):

Years of General Insurance Experience:

Percentage Shareholding in this Business:

Section 7 – Background and Probity Questions

Has the Company, or any of its Directors, Partners, Principals, or Senior Staff ever:

1. Been convicted of or charged with any criminal offence (excluding minor motoring offences)? Yes ☐ No ☐
2. Been subject to disciplinary action, fine, censure, suspended, or expelled by any regulatory body or trade association? Yes ☐ No ☐
3. Been subject to an on-site visit, inspection, or audit by any regulatory authority resulting in regulatory action? Yes ☐ No ☐

4. **Been found liable for negligence, fraud, wrongful trading, or malpractice?** Yes ☐ No ☐
5. **Been involved in liquidation, receivership, bankruptcy, winding up, or made any arrangement with creditors?** Yes ☐ No ☐
6. **Been disqualified under company law or barred from holding office as a company director?** Yes ☐ No ☐
7. **Had an Agency Application declined, an existing agency terminated/suspended, or had credit terms reduced/withdrawn?** Yes ☐ No ☐
8. **Had Professional Indemnity insurance cancelled, refused, or had a claim made against it in the past 5 years?** Yes ☐ No ☐

(If you answered "Yes" to any of the above, please provide full details on a separate sheet).

Section 8 – Control Framework and Procedures

Please confirm if the following procedures and policies are actively in place within your firm:

- **Anti-Bribery and Corruption Policy:** Yes ☐ No ☐
- **Anti-Money Laundering (AML) / Financial Crime Procedures:** Yes ☐ No ☐
- **Sanctions Checking Processes:** Yes ☐ No ☐
- **Data Protection (GDPR) Policy:** Yes ☐ No ☐
- **Treating Customers Fairly / Consumer Protection Code Policy:** Yes ☐ No ☐
- **Business Continuity Plan (BCP) & Disaster Recovery Plan:** Yes ☐ No ☐
- **Do you have a quote/bind facility on your website or use distance marketing?** Yes ☐ No ☐

Section 9 – Checklist

Please ensure the following documents are enclosed with your application:

- ☐ Completed and signed Agency Application Form
- ☐ Copy of your firm's Letterhead
- ☐ Copy of your current Professional Indemnity Insurance Schedule/Certificate
- ☐ Copy of your latest audited annual financial statements (if applicable)

Section 10 – Declaration and Signatures

Data Protection Consent:

By signing this application, you consent to us processing personal and sensitive data to consider your request for agency facilities. You acknowledge that we may share this information with credit reference agencies, regulatory authorities, and third parties to assess suitability, conduct fraud prevention, and manage the ongoing relationship.

Declaration:

I/We confirm that the information provided in this application is true, accurate, and complete to the best of my/our knowledge. I/We undertake to notify you immediately of any material changes to the information provided. If agency facilities are granted, I/We agree to be bound by your standard Terms of Business Agreement.

(For a Limited Company, this must be signed by a Director).

Signature:**Printed Name:****Position / Title:****Date:**