

Please complete digitally or printed and return your completed and signed application form to your Account Manager at Voyager Insurance Services Ltd via email, fax or post using the information provided at the end of the form.

## 1. COMPANY DETAILS

Please tell us about your company here.

**Company Name:**

**Address (Main Office):**

**Postcode (Main Office):**

**Registered Office Address (If different from Main Office):**

**Postcode (Registered Office):**

**Registered Company Number:**

**FCA Number:**

**Company Phone Number:**

**Website:**

**Legal Status of Company:**  Sole Trader  Partnership  Private Limited Company  Public Limited Company  Other

**Type of Business:**  Personal  Commercial  Both

**Main line of Business:**

**Group/Network/Association:**

**Date Business was Established:**   /   /

**Number of Offices:**

**Addresses (Other Branches):**

**Number of Staff:**

**Number of Client/Sales advisors:**

**Are you registered with [www.Reg.uk.com](http://www.Reg.uk.com)?  
(If so, please provide exact name):**

## 2. PROFESSIONAL INDEMNITY INSURANCE

Please provide further information on your Regulatory Status here.

**Insurer:**

**Excess:**

**Limit of Indemnity:**

**Date of Expiry:**

**Have you submitted any P.I claims in the last 12 months? (If yes, please attach details separately):**  YES  NO  Attached?

## 3. PREMIUM PROFILE

Please provide information here to help us understand which of our products are most suitable for you

**Approximate annual Travel Insurance written premiums: £**

**Approximate split of the above:** Personal \_\_\_% Commercial \_\_\_%

**Please confirm other Travel Insurance Agencies you hold:**

**Approximate annual Household & Contents Insurance written premiums: £**

**Approximate split of the above:** Standard \_\_\_% Niche/Non-Standard \_\_\_%

**Please confirm other Household agencies you hold:**

**Estimate the approximate new business production for Voyager Insurance over the next 12 months: £**

## 3. DIRECTORS PROFILE

Name and details of director(s) / principal(s)

Person 1	<b>Name:</b>	<b>Date of Birth:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Home Address:</b>	<b>Years in Insurance:</b>
Person 2	<b>Name:</b>	<b>Date of Birth:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Home Address:</b>	<b>Years in Insurance:</b>
Person 3	<b>Name:</b>	<b>Date of Birth:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Home Address:</b>	<b>Years in Insurance:</b>
Person 4	<b>Name:</b>	<b>Date of Birth:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>Home Address:</b>	<b>Years in Insurance:</b>

**4. BACKGROUND INFORMATION**

In respect of you or any Director/Partner or any of your personnel actively involved in insurance activities...

Please tick the appropriate answer where required. If Yes, please provide Name, Date & Full Details on a separate sheet of paper

Have you or any of the Company Directors, Principals, Partners or Managers ever had an Agency terminated or had an application to enter an Agency Agreement/TOBA refused or declined?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any of the Company Directors, Principals, Partners or Managers or any other organisation in which you or they have held a Managerial/Directorship position even been, or is aware of any circumstances, which may result in being subject to disciplinary proceedings instituted by any professional or regulatory body?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any of the Company Directors, Principals, Partners or Managers or any other organisation in which you or they have held a Managerial/Directorship position ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administration order or entered into an arrangement with creditors or is any such matter pending?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or any of the Company Directors, Principals, Partners or Managers ever been convicted or charged with (but not yet tried for) a criminal offence other than a motoring offence, involving a non-custodial sentence?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. COMMISSION PAYMENTS & BANK DETAILS – PLEASE FEEL FREE TO ATTACH THESE IN ANOTHER FORMAT**

Please provide bank details of where you wish commission payments to be made - commission is paid in the currency in which premium was received, we are not liable for any loss due to exchange rate variations, bank or other charges imposed upon you in receipt of your commission

**Please circle which currencies you hold bank accounts in:**  GBP /  USD /  EURO /  All Three

<b>Name of Bank:</b>	<b>Address:</b>
	<b>Account Name:</b>
<b>BIC/Swift No.:</b>	<b>Account Number:</b> <b>Sort Code:</b>
<b>IBAN Number:</b>	<b>Account Currency:</b> <input type="checkbox"/> GBP / <input type="checkbox"/> USD / <input type="checkbox"/> EURO

**6. IMPORTANT CONTACT INFORMATION**

Name and details of key contacts - we must have at least one contact for mailing list opt-in

<b>Main Contact</b>	<b>Name:</b>	<b>Position/Title:</b>	
	<b>Direct Dial:</b>	<b>Email Address:</b>	<b>Mailing List:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Accounts Contact</b>	<b>Name:</b>	<b>Position/Title:</b>	
	<b>Direct Dial:</b>	<b>Email Address:</b>	<b>Mailing List:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Insurance Sales Contact</b>	<b>Name:</b>	<b>Position/Title:</b>	
	<b>Direct Dial:</b>	<b>Email Address:</b>	<b>Mailing List:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**7. INDIVIDUALS REQUIRING SYSTEM ACCESS**

Who will need access to our system for Reporting/Invoicing & Sales/Upgrades/Renewals? (attach another document if easier, we just need full names and email addresses)

Full Name	Email Address	Mailing List – Voyager Product & System Updates
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

## 8. ADDITIONAL SYSTEM INFORMATION

From the list of emails / users provided above or another company email address, please select an email address for the follow notifications

Notification:	Email Address:
Our system will email a user each time a policy is put on cover. Which user would you like these sent to?	
Renewal Letters from our system must be sent FROM an email address of yours (to help your clients). Which email address would you like this to be?	
Please provide an email address to send invoices to.	

## 9. ADDITIONAL COMPANY INFORMATION / BACKGROUND

Please answer the following questions

1. What products do you specialise in selling? (please provide more detail than just Personal/Commercial)	
2. How do our products help your customers needs (i.e. Why do you sell our products)?	
3. Do you have any types of risk you are struggling to place? Or perhaps gaps in your product suite that you would like to sell?	
4. How do you get Business? E.g. returning customers, local advertising, word of mouth, affinity groups, etc..	
5. Are you mainly doing business online or high street/face-to-face?	

## 10. DECLARATION

Please read the following declaration carefully. Only sign below if you fully understand and accept the following terms.

- I/We submit this application for the appointment of intermediary facilities with Voyager Insurance Services Limited and authorise Voyager Insurance Services Limited to contact any individual or entity whose name has been provided in the application for the purpose of verifying the accuracy of the information and the applicants' suitability for appointment.
- I/We confirm that the above information is accurate and truthful, and understand the appointment of intermediary facilities shall not commence until such time as a duly authorised representative of Voyager Insurance Services Limited has issued and had returned to them by Us, a valid counter signed Voyager Insurance Services Limited Terms of Business Agreement.
- I/We confirm we agree and understand that any such appointment if accepted by Voyager Insurance Services Limited shall be subject to us adhering to and abiding with the Voyager Insurance Services Terms of Business Agreement.
- I/We understand that this does not constitute as an application to become an 'Authorised Agent' of Voyager Insurance Services Limited in accordance with the terms expressed by the Financial Conduct Authority (FCA).

Signed:

Print Name:

Position:

Date:   /   /

Name of Introducing Intermediary (If Applicable):

Upon completion, please Email, Mail or Fax the completed Application Form to:

By Email: sales@voyagerins.com

By Fax: +44 (0) 1483 569 676

By Mail: Managing Director, Voyager Insurance Services Ltd, 13-21 High Street, Guildford, Surrey, GU1 3DG, United Kingdom

Voyager Insurance Services Limited are authorised and regulated in the UK by the Financial Conduct Authority (FCA). Reference Number: 305824

**BECOME AN  
INTERMEDIARY  
TODAY**

**CONTACT OUR BROKER SUPPORT TEAM TODAY**  
Open 9:00-17:30, Mon-Fri (UK time, excluding English Public Holidays)

 **+44 (0) 1483 562 662**  
 **sales@voyagerins.com**  
 **www.voyagerinsurance.com**

### Voyager - Internal Office Use Only

		Initial	Date
Document Check	<input type="checkbox"/>		
Regulatory Check	<input type="checkbox"/>		
Bank Account Details	<input type="checkbox"/>		
System Set-Up	<input type="checkbox"/>		
S/A Set-Up (if applicable)	<input type="checkbox"/>		
Accounts Set-Up	<input type="checkbox"/>		
TOBA Sent	<input type="checkbox"/>		
TOBA Received	<input type="checkbox"/>		
Go Live - Check & Email	<input type="checkbox"/>		