

New UK Intermediary Application Form

Voyager Insurance Services Ltd 13-21 High Street, Guildford, Surrey, GU1 3DG, UK Tel: +44 (0) 1483 562 662

sales@voyagerins.com Email:

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. COMPA	ANY DETAILS	
Please tell us	about your company here.	
Company	Name:	
Address (N	Main Office):	
	Postcode (Main Office):
Registered	d Office Address (If different from Main Office):	
	Postcode (Registered Office):
Registered	d Company Number: FCA Number	r:
Company	Phone Number: Website	e:
Legal Stat	us of Company: Sole Trader Partnership Private Limited Company Publ	ic Limited Company Other
Type of Bu	siness: Personal Commercial Both Main line of Business	s:
Group/Net	twork/Association: Date Business was Established	
Number of	f Offices: Addresses (Other Branches):
Number of	f Staff: Number of Client/Sales advisors	s:
	gistered with <u>www.Reg.uk.com</u> ? se provide exact name):	
2. PROFE	SSIONAL INDEMNITY INSURANCE	
Please provid	le further information on your Regulatory Status here.	
Insurer:	Excess	s:
Limit of In	demnity: Date of Expiry	<i>y</i> :
Have you	submitted any PI claims in the last 12 months? (If yes, please attach details separately): YES NO Attached?
3. PREMI	UM PROFILE	
Please provid	de informtion here to help us understand which of our products are most suitable for you	
Approxima	ate annual Travel Insurance written premiums: £	
Approxima	ate split of the above: Personal% Commercial%	
Please cor	nfirm other Travel Insurance Agencies you hold:	
Approxima	ate annual Household & Contents Insurance written premiums: £	
Approxima	ate split of the above: Standard% Niche/Non-Standard%	
Please cor	nfirm other Household agencies you hold:	
Estimate t	he approximate new business production for Voyager Insurance over the next 12 mont	ths: £
3. DIREC	TORS PROFILE	
Name and de	stails of director(s) / principal(s)	
Davoen 1	Name: Date of Birth:	DD/MM/YYYY
Person 1	me Address: Years in I	Years in Insurance:
	Name: Date of Birth:	DD/MM/YYYY
Person 2	Home Address:	Years in Insurance:
	Name: Date of Birth:	DD/MM/YYYY
Person 3	Home Address:	Years in Insurance:
	Name: Date of Birth:	DD/MM/YYYY
Dorcon 4		

Home Address:

Years in Insurance:

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	• •	Principals, Partners or Managers ever had an Ag reement/TOBA refused or declined?	gency terminated	YES NO
which you or the	ey have held a Managerial/D	Principals, Partners or Managers or any other or irectorship position even been, or is aware of an ciplinary proceedings instituted by any profession	y circumstanc-	YES NO
which you or the or bankruptcy, r	ey have held a Managerial/D	, Principals, Partners or Managers or any other organisation in Directorship position ever been involved in liquidation, receivers dgement, an administration order or entered into an arrangement?		YES NO
-		Principals, Partners or Managers ever been controlled than a motoring offence, involving a non-	_	YES NO
5. COMMISSIO	ON PAYMENTS & BANK D	DETAILS – PLEASE FEEL FREE TO ATTACH	THESE IN ANOTH	HER FORMAT
	details of where you wish commissions, bank or other charges imposed upon	on payments to be made - commission is paid in the currency in w	rhich premium was received	, we are not liable for any loss due to
, and the second	, , ,	k accounts in: GBP / USD / EURO / All Three		
Name of Bank:		Address:		
		Account Name:		
BIC/Swift No.:		Account Number:		Sort Code:
IBAN Number:		Account Currency:	GBP / USD / EURO	
6. IMPORTAN	T CONTACT INFORMATION	ON		
Name and details of I	key contacts - we must have at least of	one contact for mailing list opt-in		
Main	Name:	Position/Title:		
Contact	Direct Dial:	Email Address:	Ма	niling List: YES NO
Accounts	Name:	Position/Title:		
Contact	Direct Dial:	Email Address:	Ma	niling List: YES NO
Insurance	Name:	Position/Title:		
Sales Contact	Direct Dial:	Email Address:	Ma	niling List: YES NO
7. INDIVIDUA	LS REQUIRING SYSTEM	ACCESS	¥ 🗀 🗀	
Who will need access	s to our system for Reporting/Invoice	ing & Sales/Upgrades/Renewals? (attach another document if	easier, we just need full	names and email addresses)
Full Name		Email Address (You will automatically be added to our mailing list in order to received relevant updates)		

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 sengrate shee

Attached?

8. ADDITION	AL SYSTEM INFORMATION				
From the list of emai	ls / users provided above or another company email address, please select an email address for	the follow notifications			
Notification:		Email Address:			
Our system will these sent to?	email a user each time a policy is put on cover. Which user would you like				
	s from our system must be sent FROM an email address of yours (to help hich email address would you like this to be?				
Please provide	an email address to send invoices to.				
9. ADDITION	AL COMPANY INFORMATION / BACKGROUND				
Please answer the fo	ollowing questions				
1. What product sonal/Commerce	ts do you specialise in selling? (please provide more detail than just Percial)				
2. How do our p	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 gaffinity groups,	get Business? E.g. returning customers, local advertising, word of mouth, etc				
5. Are you main	ly doing business online or high street/face-to-face?				
10. DECLARAT	TION				
Please read the follo	wing declaration carefully. Only sign below if you fully understand and accept the following terms	3.			
1.	I/We submit this application for the appointment of intermediary facilities with Voyager Insurance Services Limited to contact any individual or entity whose napurpose of verifying the accuracy of the information and the applicants' suitabilities.	ame has been provided in the application for the			
2.	I/We confirm that the above information is accurate and truthful, and understan shall not commence until such time as a duly authorised represtative of Voyage returned to them by Us, a valid counter signed Voyager Insurance Services Lim	er Insurance Sevices Limited has issued and had			
3.	I/We confirm we agree and understand that any such appointment if accepted subject to us adhering to and abiding with the Voyager Insurance Services Term				
4.	I/We understand that this does not constitute as an application to become an 'ultimited in accordance with the terms expressed by the Financial Conduct Author				
Signed:					
Print Name:					
Position:	Date: D D / M	M/YYYY			
Name of Introducing Intermediary (If Applicable):					
Upon completion, please Email, Mail or Fax the completed Application Form to:					
	By Email: sales@voyagerins.com				
D _V M	By Fax: +44 (0) 1483 569 676	Idford Surroy GU1 3DG United Kingdom			

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

Voyager - Internal Office Use Only					
		Initial	Date		
Document Check		IIIIIIai	Date		
Document Check					
Regulatory Check					
Bank Account Details					
System Set-Up					
S/A Set-Up (if applicable)					
Accounts Set-Up					
TOBA Sent					
TOBA Received					
Go Live - Check & Email					