



WHOLESALE SUB-AGENT APPLICATION FORM

Please return completed from to compliance@bridgeinsurance.co.uk

Policyholder details

Name

Office Address

Accounts Address (if different)

Company Number

FCA Firm Reference Number

Main Contact Email

Main Contact Phone

Accounts Contact Email

Accounts Contact Phone

Are you Authorised to hold Client Money

Yes

No

If no, please provide details of banking arrangements to hold premiums

Bank details

Bank Name

Bank Address

Sort Code

Account Number

Account title/name

Insurance and policy details

PLEASE PROVIDE A COPY OF YOUR CURRENT PROFESSIONAL INDEMNITY INSURANCE CERTIFICATE

Please confirm you have appropriate policies and processes in place to address the following regulatory matters, if no please elaborate.

Conflict of Interests	Yes	No
Financial Crime	Yes	No
Bribery	Yes	No
Consumer Duty/TCF	Yes	No
Vulnerable Customers	Yes	No
Sanction Checks	Yes	No
Staff Good Repute, Training and Competency	Yes	No



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Disclosures

Have you or the Firm or any organisation within the same group (or any director, partner, principal or senior manager of same) been fined, prohibited from carrying out any authorised activity or been the subject of regulatory censure either private or public in the last five years by regulatory and/or government agencies?

No

If yes, please describe circumstances

Have you or the Firm (or its principal shareholders, directors, officers, employees or persons representing the Firm) been charged with or convicted of a criminal offence other than a minor motoring offence in the last five years ever been, or is currently the subject of any criminal or civil investigation or proceeding?

No

If yes, please describe circumstances

Have you or the Firm (or its principal shareholders, directors, officers, employees or persons representing the Firm) filed for bankruptcy in the past five years?

No

If yes, please describe circumstances

- I am authorised to make this application on behalf of the Individual/Firm described in A1.
- I confirm that the information provided in this Questionnaire is accurate, truthful and complete to the best of my knowledge and belief.
- I will notify Bridge Insurance Brokers Limited immediately of any material change to the information given in this questionnaire.
- I authorise Bridge Insurance Brokers Limited to make such enquiries and to seek such further information as it thinks appropriate to verify the information given in this questionnaire.
- I confirm that the Firm and its directors, officers, and employees or persons representing the Firm hold or will obtain all necessary authorisations/licenses in all appropriate jurisdictions to enable it to conduct business with Bridge Insurance Brokers Limited.
- I confirm that the Firm represents that it will knowingly violate any local and international laws, rules and regulations that apply to the Firm's operations, nor cause Bridge Insurance Brokers Limited to do so.
- I acknowledge that I may be required to consent to inspections and audits.
- I acknowledge that I may be asked to re-certify the information contained in the Questionnaire annually.
- I acknowledge that I may be asked to provide Professional Indemnity/Errors & Omissions insurance details annually.
- I confirm that I have read and understood the Privacy notice which is available at www.bridgeinsurance.com

Signature

Date