

New Insurer / Underwriting Agent Questionnaire (V.2)

	Question (to be completed in block capital)	Answer/information if applicable
1	Full Legal Name of Insurer/Agent	
2	Insurer's / Agent's Company Number	
3	Insurer / Agent Trading address	
4	Registered address of Insurer/Agent	
5	Name of Insurer's / Agent's Regulator	
6	Regulatory registration number	
7	Address of Regulator web site where this can be checked or attach certificate of registration	
8	Insurer Telephone number	
9	Contact Name and Email Address	
10	Has the firm, its Directors or shareholder been subject to criminal prosecution	
11	Has the firm been subject to regulatory enforcement action	
12	Are you registered with your national data protection agency (provide number)	
13	Insurer / Agent's web site address	
14	Has the firm procedures for complying with Bribery, Corruption and anti money laundering legislation	
15	Provide a copy of (or link to) the firm's most recent accounts and rating	
16	Does the firm, its Directors or shareholder have links to any government	
17	Please provide your bank account details.	
18	If underwriting with delegated authority please attach evidence of your authority	

Completed by		Signature/date:		
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Internal Purposes Only

Ref	Internal authorisation question	Circle Response	
		Yes	No
1	Does the company meet minimum rating / financial net assets?		
2	Has the firm answered all questions, if not has another valid explanation been received		
3	Is all supporting evidence attached and in order		
4	Are there any negative answers, if so determine whether contractual arrangements are appropriate. Document the rationale for the decision made		
5	Diarise Obtaining and Reviewing responses every three years		
6	Ensure each questionnaire has been signed off by a Director and any subjectivities or adverse responses have been addressed		

I confirm that all questions have been answered satisfactorily and all information is attached and in order	
Preparer and date:	Signature of preparer:
Authoriser and date:	Signature of authoriser: