





Agency Application Form

Citynet Insurance Brokers Ltd ("Citynet") maintains systems and controls to enable it to comply with its regulatory and legal obligations.

This form is designed to assist Citynet in meeting its obligations and professional standards by obtaining pertinent details of your business so that it can perform appropriate vetting and approval before entering into a contractual relationship with you.

This form must be completed by a Director or Senior Compliance Officer of the Company and we advise you that any information given will be treated confidentially.

By submitting this form you confirm and agree that:

- You are applying to become an Agent of Citynet Insurance Brokers Ltd
- You will keep Citynet Insurance Brokers Ltd updated with changes to your business and decision makers that are relevant to the agency agreement.
- You agree that Citynet Insurance Brokers Ltd will make relevant enquiries when assessing your suitability for agency status, this could include credit searches, Companies House searches, checks with your regulator and sanctions checking.
- You remain regulated.
- You will from time to time provide updated financial information if requersted.

Please note the completion of the application does not commit Citynet Insurance Brokers Ltd to granting an agency, we will advise you in writing once the application has been successful and will send over our terms of business.

Citynet Insurance Brokers Ltd reserve the right to refuse any application for an Agency without giving any reason or explanation.

Completed signed applications should be sent to:

Compliance Officer
Citynet Insurance Brokers Ltd
88 Leadenhall Street
London
EC3A 3BP

Or e-mail to agency@citynet.co.uk

Check list

To avoid delays, please ensure that you have:

- Completed sections 1 to 6
- · Enclosed your last Audited Accounts
- Enclosed a copy of your current PI Certificate

Privacy Policy

Data Protection

We undertake to comply with the most current Data Protection Act in all our dealings with your personal data. Our Data Protection Officer's contact details are:

Data Protection Officer PIB Group Limited 1 Minster Court Mincing Lane London, EC3R 7AA dpo@pib-insurance.com 0330 058 9700

We collect your personal data for use by Citynet Insurance Brokers Limited and our parent and any subsidiary companies. We use this personal data to provide you with insurance and risk services and for handling claims. Your data will be passed on to other insurance providers and credit agencies so that we can fulfil the contract or service.

We may use your personal data for other similar purposes, including marketing and communications, but that will only occur if we have your consent or another legal justification for doing so. You have a right at any time to stop us from contacting you for marketing purposes.

https://citynet.eu.com/privacy-notice/

Section 01 - The Firm's Details

1.1 Full name of firm/individual:	1.6 Fax No.
1.2 trading name(s) for your business (if any):	1.7 Email address
1.3 Your business address:	1.8 Registered company number and country of registration
	1.9 Website
1.4 Registered/principal address (if different):	1.10 Contact name in relation to this application
	1.11 Contact email address in relation to this application
1.5 Telephone No.	1.12 Date the firm was established



Section 02 – Legal and Regulatory Information

2.1 Legal status of your business	2.4 In which countries are your clients and their risks located?
□ Sole Trader □ Partnership □ Limited Co. □ Public Limited Co. □ Other	
2.2 What are the principal activities of your firm?	
	2.5 Is the firm partly or wholly owned by another entity/ person(s)? YES □ NO □
2.3 If your principal business is insurance mediation what	2.6 If YES please provide details Including percentage of ownership / shares. If NO, are all shares owned by listed directors of the Company?
classes/lines do you intend to place via Citynet	

Section 03 – The Firm's Personnel

3.1 Please list below details of all Directors with significant influence/control over the business. Please use separate sheet if required.							
Forename/Surname	DoB	Nationality	Position	No. years experience	Qualifications		
3.2 Does any government official or If YES please provide details	governm	ent employee ha	ve any membership or financia	ıl interest in you	ır firm YES 🗆 NO 🗖		
3.3 Persons who will be responsible for the day to day running of the business to be placed with Citynet		3.4 Total number of	3.4 Total number of employees				
			3.5 Number of direct	3.5 Number of directors			
			3.6 Number of prod	3.6 Number of producers			
Email address		3.7 Number of admi	3.7 Number of administrative Staff				
			3.8 Number of claim	3.8 Number of claims Staff			



Section 03 – The Firm's Personnel

3.8 Has the firm, or any Directors, Partners, officers or senior staff been convicted or charged with a criminal offence other than a minor motoring offence in the past 12 months?	YES 🗆	NO 🗆
Been found liable for negligence, fraud, wrongful trading / malpractice?	YES 🗆	NO 🗆
Been disqualified under company law?	YES 🗆	NO 🗆
Been subject to any application for or declaration of liquidation, receivership, bankruptcy or similar proceeding?	YES 🗆	NO 🗆
Entered into any agreement or assignment with creditors or acknowledged insolvency?	YES 🗆	NO 🗆
Had a licence or authorisation to conduct business refused, suspended, withdrawn or not renewed?	YES 🗆	NO 🗆
Been censured, fined, disciplined, suspended, expelled or refused membership by any industry regulatory body?	YES 🗆	NO 🗆
If YES please provide details		

Section 04 – The Firm's Insurance Business

4.1 Is your firm part of a group?	YES 🗆	NO 🗆	4.7 The firms	Total Gross Written Prem	nium	
If yes, please provide a group structure						
4.2 Please advise the name of your Regul	ator		4.8 Estimated	d Premium you expect to	transact via C	tynet
Financial Conduct Authority			Property			
Central Bank			Liability			
Other - Please Specify below			PI			
			Motor			
			Other			
4.3 Your firm's regulatory reference				n a member of any	YES 🗆	NO 🗆
			If YES, please	e list below		
4.4 Please provide details of any existing have with Lloyds Insurers	direct facilities	you				
				05 – The Fir ional Indemr		er
4.5 Does the firm handle Retail Business? YES	80	NO 🗆	5.1 Does the Indemnity	firm hold Professional cover?	YES 🗆	NO 🗆
4.6 Does the firm handle Wholesale Business?		NO 🗆	application, ple	enclose a copy of your Please note we will not be attion without this informa	able to process	



Section 06 - Client Money and Financial Information

6.1 Are you authorised to hold Client Money	YES 🗆	NO 🗆	6.5 Please enclose a copy of your audited accounts with this application. (Please note we will not be able to process the Agency application without this information)
If your answer to the above was			
how you handle Client Premiums			6.6 Please confirm that the firm is compliant with the money laundering and financial crime rules applicable in its jurisdiction YES □ NO □
			6.7 Please provide the following details for your business' bank account
			Bank Name
6.2 Please give a brief description of e.g. held in a designated statute			Bank address
			Account name
			Account number
			Sort code
			Currency of account
			6.8 If you operate a separate bank account for client funds please provide the following details
			Bank Name
6.3 Has the firms Client Money Systems and controls been audited within the last year?	YES 🗆	NO 🗆	Bank address
within the last year?			Account name
			Account number
6.4 Please confirm that your latest accounts	YES 🗆	NO 🗆	Sort code
were audited			Currency of account

Section 07 – Other Information

7.1 Please confirm that The Firm processes all data in compliance with current Data Protection Legislation and has a Data Protection Policy, Privacy Notice and other supporting policies and documentation
7.2 Please confirm that you have policies and procedures in place to comply with your regulatory and legal obligations
7.3 Can you provide brief details of how you heard about Citynet, and what your firm consider as the most important factors to help us help you enjoy a successful business partnership.



Section 08 – Checklist

Please ensure you have answered all the questions and enclosed the following:	I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the firm		
Copy of our current Professional Indemnity Schedule Copy of our latest audited accounts	I declare on behalf of the business that, to the best of my knowledge and belief, the information contained in and attaching to this application		
Copy of Company Registration Certificate Organisation Structure Chart	is accurate, complete and up-to-date. I acknowledge that, where circumstances cause Citynet to suspect bribery, corruption or other financial crime in relation to its trading activities with the firm, additional enquiries and due diligence may be undertaken and further steps taken as appropriate including (but not limited to) notification to the relevant authorities, status and credit checks with credit reference agencies and other pertinent background checks. By signing below I confirm that I have read and understood		
	the above declaration.		
	Signed		
	Print		
	Position		
	Date		

Section 09 - Declaration

