

Brokers Solution Ireland
62 O'Connell Street,
Ennis,
Co. Clare.
Phone: 065 689 7899

Agency Application Form

Full Company Name:

Address of Company
(including eircode):

Address Line 1:

Address Line 2:

County:

Eircode:

Company Phone Number:

Mobile Phone Number (*Key Contact*):

Email address:

Website:

Date Business Established:

Number of Staff:

Company Registration Number:

Paid up share capital:

Central Bank Registration Number:

Category of Organisation: Limited Company, Partnership or Sole Trader?

State which Broker Organisation that you are a member of:

Annual Turnover:

Has any Insurance Company/Syndicate /Lloyds Broker /Intermediary ever cancelled , declined or refused your company an agency? Yes No

If so please provide full details below

Has any director , partner or executive ever been declared bankrupt or been compounded by creditors ?

Yes

No

If so please provide full details below

Date that your financial year ends:

Professional In-

demnity Insurer:

Policy Num-

ber:

Excess applicable:

Limit of Indemnity:

Renewal Date:

Business Segment	Name	Phone Number	Email address
Commercial			
Personal			
Compliance			
Claims			

Name and address of
bankers

your

Name and address of your solicitors

Name and address of your accountants

May we contact your accountants/bankers for reference? Yes No

Computer System used:

Do you obtain business through sub brokers? Yes No

If so please provide full details below

In order that we may process your agency application please include the following documents:

- Central Bank Authorisation Certificate
- Current Professional Insurance Schedule
- Most recent Audited Accounts
- Minimum competency register
- Sample of your Company Headed Paper
- Agency Agreement

I/We make this application to brokersolutions Ireland to be appointed as agents in accordance with the

Application Form Checklist

- All sections of the form are fully completed
- Required Documents are enclosed
- Form is signed and dated

terms and conditions that have been provided by brokersolutions Ireland I/We warrant that the information given by me/us is true and accurate in all respects. I/We undertake to advise brokersolutions Ireland immediately of any alterations to the information disclosed.

I/We authorise brokersolutions Ireland to make any enquiries that are deemed necessary in connection with this application.

Applicants Signature:

Position in company:

Date:

Applicants Accounts Contact and Bank Details

Company Information	
Legal company Name	
Company Registration No.	
Broker Relay Code	

Accounts Contact Person	
Name	
Email	
Direct Line	
Mobile	

Bank Details	
Bank Name	
Bank Address	
Account Holder Name	
Account Holder Address	
Account Number	
Sort Code	
IBAN	
BIC	