

Full Name .....

Address .....

Postcode .....

Telephone No. .... Fax No. ....

email address .....

Company Registration Number .....

Date Business established .....

Type of premises occupied  
(e.g. office, shop front, pdh) .....

Company Status  
(e.g. partnership, sole trader) .....

Please list any additional offices .....

Please list any Associated  
Businesses .....

Have you previously traded under  
another name? .....

**Details of all Directors / Principals**

Name	.....	.....	.....
Age	.....	.....	.....
Qualifications	.....	.....	.....
Years of insurance experience	.....	.....	.....

Total Number of staff      Full time..... Part time.....

What training facilities exist? .....

Please provide the name and  
address of your Bankers .....

Postcode.....

Accountants .....

Are you registered and approved by the Financial Services Authority?      Yes       No

What is your Registration Number? .....

Please detail membership of any Professional Body

.....

Have you ever had an application refused or membership cancelled?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do you hold Professional Indemnity Insurance?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Name of Insurer

.....

Indemnity Limit

..... Renewal Date ..... / ..... / .....

Has any Director or Principal been adjudged Bankrupt / Subject to a receiving order / County Court judgement?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Convicted of a criminal offence not treated as a spent conviction under the Rehabilitation of Offenders Act 1974 other than motoring convictions?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please give details

.....  
.....

Please give details of your premium income

.....

What proportion is derived from Personal Household / Personal Motor?

.....

Motor Fleets

..... Liability .....

Commercial Property

..... Other .....

Major Agencies / Markets used

.....

Please detail any 'club' status held

.....

Existing Lloyds Broker

.....

Any Lloyds direct dealing facility

.....

How did you hear of Miles Smith?

.....

Name of contact person dealing with this application

.....

*I / We confirm that this information is correct to the best of my / our knowledge and that Miles Smith may seek financial references to support this application.*

Signed

.....

Name

.....

Position

..... Date ..... / ..... / .....