

AGENCY APPLICATION QUESTIONNAIRE

PLEASE COMPLETE THE DETAILS BELOW IN BLOCK CAPITALS

Legal Name:

Full Trading Title:

Business Address:

Tel. No.: Fax. No.: Year Established.:

Website address: Email Address:

Central Bank of Ireland Registration No.:

Central Bank of Ireland Authorisation (please tick): Broker: Independent Broker: Tied Agent:

Member of: (please tick): IBA PIBA

Please indicate which of the following Software Houses you use:

ComQuote Open GI Relay SSP Other

Other Memberships (please tick): BLD BFI Other

Number of Branches: Where applicable, please provide branch details overleaf.

List of Agencies Held:

Please indicate for what lines of business you require an agency with KennCo (please tick)

Motor Home Commercial Travel Other

List of all Directors/Principals/Partners:

Name	Qualification	Experience	Directorships	Years at Company
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you had any Agencies cancelled?: Yes No If yes, please give details below.

Office Manager's Name & Email Address:

Account's Contact Name & Email Address:

Commercial Account Handlers Names & Email Addresses:

Personal Lines Account Handlers Names & Email Addresses:

Do you maintain an up to date Minimum Competency Register. Yes No

If yes, please attach a copy with this application.

Bank Account Name and Address:

Client Premium Non-life Accounts:

Account No. Account designations Deposit Current
(Please tick):

Solicitor Name and Address:

Accountant Name and Address:

Please complete Branch Details below if applicable.

Branch Number 1

Address:

Tel. No.: Fax.No.:

Email Address(es):

Office Manager's Name & Email Address:

Branch Number 2

Address:

Tel. No.: Fax.No.:

Email Address(es):

Office Manager's Name & Email Address:

Branch Number 3

Address:

Tel. No.: Fax.No.:

Email Address(es):

Office Manager's Name & Email Address:

I/we hereby apply for an Agency with KennCo Underwriting Limited, and agree to immediately notify details of any changes in the above information.

Applicant No.1 Signed: Date

Please print your details below in block capitals

Title First Name Surname

Applicant No.2 Signed: Date

Please print your details below in block capitals

Title First Name Surname

PLEASE RETURN YOUR APPLICATION FORM TOGETHER WITH COPIES OF THE FOLLOWING

- The last Audited Accounts
- Authorised Status from the Central Bank of Ireland and CBI Number
- Broker Professional Indemnity Insurance Certificate, detailing the amount of cover bought by the broker, the insurer and the cover period.
- Minimum Competency Register

Agency Department, KennCo Underwriting Ltd., Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.

Should you have any queries in relation to this application you can contact the agency department, tel.: 01 4994600 fax.: 01 4954627

