

# 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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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

