

Voyager Insurance Services Ltd

Agency Application Form for Travel Insurance

Company Name:

Address and Postcode of main office:

Postcode:

Telephone:

Fax:

E-mail:

Website Address:

Date business established:

Type of organisation (i.e. Sole Trader/Partnership/Limited Co?):

If a Limited Company, please advise:

Company Registration No:

Authorised Share Capital:

Paid Up Share Capital

Are you associated with another company? If YES, please detail below YES / NO

Address(es) of additional offices (if any)

1.

Postcode

2.

Postcode

Total number of staff – Full Time

Part Time

Please provide the name and address of your Bankers

Has any application to any professional or regulatory body been refused, declined, cancelled or withdrawn? YES / NO If YES, please give reasons below

Are you authorised and regulated by the FSA? YES / NO

If YES, please give register number.

Name of Director(s) / Principal(s)			
	1	2	3
Name			
Home Address			
Years at this address			
Date of Birth			
Qualifications			
Years in Insurance			

Has any Director or Principal ever:

a) Had an insurance agency cancelled or refused? YES / NO

b) Been adjudged bankrupt or subject to a receiving order or County Court Judgement? YES / NO

c) Been convicted of any criminal offence (not treated as spent under the Rehabilitation of Offenders Act 1974) other than motoring convictions? YES / NO

If YES to any of the above, please provide details below:

Please provide details of your Professional Indemnity insurance:

Name of Insurer:

Limit of Indemnity:

Expiry date:

Excess:

Please list the major travel insurance agencies that you use and the related annual gross premium income:

1.	GPI £
2.	GPI £
3.	GPI £
4.	GPI £ _____
Total	GPI £

Please confirm that your office has Broadband internet access YES / NO

Contact person dealing with this application:
Name: _____ e-mail address _____
Declaration: I confirm that all the information contained within this Agency Application is correct to the best of my knowledge
Signed _____ Date _____
Name (in capitals) _____
Position _____

Please return to
Voyager Insurance Services Ltd
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