

Please complete Sections 1 to 8 using **BLOCK CAPITALS** and **BLACK INK**. Failure to do so may lead to a delay in your application being processed. Please return your completed and signed application to Voyager Insurance Services Ltd to the address provided at the end of the form.

## 1. COMPANY & TRADING DETAILS

**Please tell us about your company here.**

Full Company/Trading Name:

Address of Main Office:

Post Code:

Country:

Telephone Number:

Fax Number:

Contact Person (Name):

Contact Email Address:

Email Address:

Website Address:

### Further website details

Monthly Visitors:

Source of Traffic (channels):

Source of Traffic (countries):

Do you currently introduce to any other insurance products from your website? *please tick...*

Yes

No

If Yes, please list product type and provider:

**Which Voyager Insurance products are you interested in becoming an affiliate/introducer for? please tick...**

Voyager Plus Travel Insurance

EU Vehicle Breakdown Cover

GlobalVoyager Travel Insurance

UK Vehicle Breakdown Cover

High Risk Voyager Travel Insurance

Motorcycle Voyager Travel Insurance

Dreamsaver Wedding Insurance

Car Rental Excess Insurance

Asian Wedding Insurance

Party Insurance

Other:

## 2. BUSINESS INFORMATION

**Please provide further details about your business here.**

Trading Style *please tick...*

Private Company

PLC

Sole Trader

Partnership/Other

If private/limited company please advise Company Registration Number:

Date Business Was Established:   /   /

Number of Offices:

Type of Business:

Number of employees (including Directors):

Full time:

Part time:

Number of client/sales advisers/consultants:

Authorised share capital:

Paid up share capital:

**Address(es) of additional offices (if applicable)**

Address 1:

Post Code:

Address 2:

Post Code:

## 3. PROFESSIONAL STATUS & PROFESSIONAL INDEMNITY COVER

**Please provide further information on your Regulatory Status here.**

Do you have experience in being an Introducer or Affiliate for Insurance products?

Yes

No

*If you answered Yes to the previous question, please advise further:*

*continued...*

Are you a member of any Trade Body or Association? Yes  If Yes, which: No

Has any application to any professional or regulatory body been refused, declined, cancelled or withdrawn? Yes  No

If you answered Yes to the previous question, please advise further:

### If you have been established for less than 2 years please advise:

Name of Previous Employer:

Duration of Employment: Contact Individual:

Address:

Telephone Number: Fax Number:

Do you have professional Indemnity Cover? please tick... Yes  No

**IMPORTANT:** If Yes, please send copy of your certificate stating Name of Insurer, Policy Number, Limit of Indemnity and Level of Excess

## 4. BACKGROUND DETAILS

**In respect of you or any Director/Partner or any of your personnel actively involved in insurance activities...**  Attached?  
Please tick the appropriate answer where required. If Yes, please provide Name, Date & Full Details on a separate sheet of paper

Had an insurance introducer, affiliate or agency agreement cancelled or refused? Yes  No

Been adjudged bankrupt or subject to a receiving order or County Court Judgement? Yes  No

Been convicted of a criminal offence whether spent or not, in any country or territory, other than motoring convictions? Yes  No

### Name of director(s) / principal(s)

Person 1 Name: Date of Birth:   /   /

Qualifications:

Home Address:

Time at this address: Years in Insurance:

Person 2 Name: Date of Birth:   /   /

Qualifications:

Home Address:

Time at this address: Years in Insurance:

Person 3 Name: Date of Birth:   /   /

Qualifications:

Home Address:

Time at this address: Years in Insurance:

## 5. BUSINESS & PREMIUM PROFILE

**Please provide further information on your business introductions here.**

Please provide details of the type of customer and business that you will be introducing?

Please provide supporting reasons as to why you would like to become an Introducer/Affiliate?

## 6. REFERENCES

**Please provide the following details of two organisations with whom you currently hold trade.**

1 Company Name: Contact Email: Contact Name:

Effective Date:   /   /     Business Type: Business Volume: £/\$/€ .....

2 Company Name: Contact Email: Contact Name:

Effective Date:   /   /     Business Type: Business Volume: £/\$/€ .....

## 7. COMMISSION PAYMENTS

**Please provide required Account and Contact details here.**

Accounts Department Contact Name: Email:

Please advise which currencies you hold bank accounts in: please tick... £ GBP:  \$ USD:  € Euro:  All Three:

Commissions are paid in the currency in which premium was received, we are not liable for any loss due to exchange rate variation, bank or other charges imposed upon you in receipt of your commission.  
To minimise banking or currency exchange charges commissions will be accrued where the volume of less than £/€/\$250 in any one month.

continued...

Name of Bank:		Post Code:		Country:	
Address:					
Telephone Number:		Fax Number:			
Account Name:		Account Currency: <i>tick one only...</i>		£ GBP: <input type="checkbox"/>	\$ USD: <input type="checkbox"/>
BIC/SWIFT Code:		Account Number:			
Sort Code:		IBAN Number:			

## 8. DECLARATION

Please read the following declaration carefully. Only sign below if you fully understand and accept the following terms.

- I/We submit this application for the appointment of introducer/affiliate facilities with Voyager Insurance Services Limited and authorise Voyager Insurance Services Limited to contact any individual or entity whose name has been provided in the application for the purpose of verifying the accuracy of the information and the applicants' suitability for appointment.
- I/We confirm that the above information is accurate and truthful, and understand the appointment of introducer/affiliate facilities shall not commence until such time as a duly authorised representative of Voyager Insurance Services Limited has issued and had returned to them by Us, a valid counter signed Voyager Insurance Services Limited Terms of Business Agreement.
- I/We confirm we agree and understand that any such appointment if accepted by Voyager Insurance Services Limited shall be subject to us adhering to and abiding with the Voyager Insurance Services Terms of Business Agreement.
- I/We understand that this does not constitute as an application to become an 'Authorised Agent' of Voyager Insurance Services Limited in accordance with the terms expressed by the Financial Conduct Authority (FCA).
- I/We agree not to:
  - Provide any online, offline, or email content, information or promotional items or activities without these first being provided by, or first approved in writing by Voyager Insurance Services Ltd.
  - Assist in the administration of a policy.
  - Arrange a policy or negotiate terms on behalf of a customer.
  - Recommend or advise customers on any products or aspects of cover available, or explain the terms of policies.
  - Complete an application, proposal or claim form online or of any type on behalf of the customer, or check completed forms.
  - Collect insurance premiums.
  - Notify or negotiate regarding claims.

Signed:

Print Name:

Position:

Date:   /   /

Name of Introducing Intermediary (If Applicable):

**Upon completion, please Email, Mail or Fax the completed Application Form to:**

**By Email:** sales@voyagerins.com

**By Fax:** +44 (0) 1483 569 676

**By Mail:** Managing Director, Voyager Insurance Services Ltd, 13-21 High Street, Guildford, Surrey, GU1 3DG, United Kingdom

Voyager Insurance Services Limited are authorised and regulated in the UK by the Financial Conduct Authority (FCA). Reference Number: 305824

Voyager - Internal Office Use Only							
		Initial	Date			Initial	Date
Document Check	<input type="checkbox"/>			Accounts Set-Up	<input type="checkbox"/>		
Set-Up Check	<input type="checkbox"/>			TOBA Sent	<input type="checkbox"/>		
Bank Account Details	<input type="checkbox"/>			TOBA Received	<input type="checkbox"/>		
System Set-Up	<input type="checkbox"/>			Go Live - Check & Email	<input type="checkbox"/>		
S/A Set-Up (if applicable)	<input type="checkbox"/>				<input type="checkbox"/>		

**BECOME AN  
AFFILIATE  
TODAY**

**CONTACT OUR AFFILIATE SUPPORT TEAM TODAY**  
Open 9:00-17:30, Mon-Fri (UK time, excluding English Public Holidays)

 +44 (0) 1483 562 662  
 sales@voyagerins.com  
 www.voyagerinsurance.com