

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: \_\_\_\_\_

Do you currently sell travel insurance from your website? *please tick...* Yes  No

Would you be interested in setting up an online travel insurance sales link? *please tick...* Yes  No

## 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: \_\_\_\_\_

Do you have Sub-Agents or third parties introducing business to you? *please tick... (if Yes, please provide further details)*  
No  Yes  .....

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.**

Please state your FCA Firm Reference Number: \_\_\_\_\_

Has any application to any professional or regulatory body been refused, declined, cancelled or withdrawn?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*

*continued...*

## 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 agency cancelled or refused? *please tick...* Yes  No

Been adjudged bankrupt or subject to a receiving order or County Court Judgement? *please tick...* Yes  No

Been convicted of any criminal offence (not treated as spent under the Rehabilitation of Offenders Act 1974) other than motoring convictions? *please tick...* 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. INSURANCE BUSINESS & PREMIUM PROFILE

**Please provide further information on your travel insurance business levels here.**

Please indicate your approximate annual premium of travel insurance written premiums: £/\$/€ .....

Please indicate the approximate split of your travel insurance portfolio... Individual: .....% Group:.....%

Please estimate the approximate new business production for Voyager Insurance over the next 12 months? Premiums £/\$/€ .....

Please list any travel insurance companies that you represent, are associated with or have dealings with:

## 6. REFERENCES/CURRENT AGENCIES

**Please provide the following details of three organisations with whom you currently hold an agency.**

Agency 1 Name: \_\_\_\_\_

Effective Date:   /   /     Premium Income: £/\$/€ .....

Agency 2 Name: \_\_\_\_\_

Effective Date:   /   /     Premium Income: £/\$/€: .....

Agency 3 Name: \_\_\_\_\_

Effective Date:   /   /     Premium Income: £/\$/€: .....

## 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.*

**Please provide your bank details below. If you hold accounts in more than one currency, please advise separately.**  Attached?

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Currency: *tick one only...* £ GBP:  \$ USD:  € Euro:

BIC/SWIFT Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_ IBAN Number: \_\_\_\_\_

*continued...*

## 8. DECLARATION

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

1. I/We submit this application for the appointment of intermediary 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.
2. I/We confirm that the above information is accurate and truthful, and understand the appointment of intermediary 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.
3. 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.
4. 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).

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
Document Check	<input type="checkbox"/>	
Regulatory Check	<input type="checkbox"/>	
Bank Account Details	<input type="checkbox"/>	
System Set-Up	<input type="checkbox"/>	
S/A Set-Up (if applicable)	<input type="checkbox"/>	
Accounts Set-Up	<input type="checkbox"/>	
TOBA Sent	<input type="checkbox"/>	
TOBA Received	<input type="checkbox"/>	
Go Live - Check & Email	<input type="checkbox"/>	

BECOME AN  
INTERMEDIARY  
TODAY

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

+44 (0) 1483 562 662  
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