



INTERMEDIARY APPLICATION FORM

This form helps us understand more about your company and ensure you meet the regulatory requirements to trade with H3.

H3 will use the information you provide to assess your application. We may disclose the information provided to a third party in order to carry out background checks, including credit checks. The results of these checks will be taken into consideration before H3 agrees to issue its Terms of Business to you. We may where we deem necessary request a copy of your last audited accounts.

BUSINESS DETAILS

Full title of business:

Trading name if different:

Business Address:

Postcode

Contact Name:

Tel:

Email:

Website:

FCA Registration No:

Please enclose a copy of your Professional Indemnity Insurance Certificate. We cannot process your application without it.

TYPE OF BUSINESS

Limited Company

Sole Trader

Partnership

If a Limited Company, please provide your Registered Number:

DETAILS OF DIRECTORS, PARTNERS OR PRINCIPLES

Name of Applicant:

Address:

Length of experience:

Name of Applicant:

Address:

Length of experience:

Name of Applicant:

Address:

Length of experience:

Name of Applicant:

Address:

Length of experience:

BANK ACCOUNT TO PAY COMMISSION

Bank Account Name:

Bank Name:

Account No:

Sort
code:

Signed:

Date:

DECLARATION

	YES	NO
a. Have you or any individuals named in Section 3 ever had an Agency terminated or had an application to enter an Agency agreement refused or declined?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you or any individual's names in Section 3 aware of any circumstances which may result in disciplinary proceedings instituted by any professional body?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you or any individuals named in Section 3 ever been involved in liquidation, receivership or bankruptcy, received a County Court Judgement, an administrative order or entered into an agreement with creditors, or is such a matter pending?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you or any individuals named in Section 3 ever been convicted or charged with (but not yet tried for) a criminal offence, other than a motoring offence, involving a non-custodial sentence?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you or any individuals named in Section 3 ever made any Professional Indemnity Insurance Claims?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to any of the above, please provide further details:

DECLARATION

I/We declare that the information given is correct, and that all information relevant to this application has been disclosed. I/We hereby Apply to enter a Terms of Business with H3 for the introduction of Private Medical Insurance. I/We understand that, if successful, this application will constitute the Terms of Business Agreement between me/us and H3.

I/We authorise H3 Insurance to make such enquiries as deemed necessary in consideration of this application. I/We understand that the Terms of Business Agreement, if granted, may be terminated by either party without reason. The Terms of Business Agreement will in any event be kept under review and may be terminated if the volume and standard of business is not acceptable to H3.

I/We undertake to maintain and keep in force Professional Indemnity Insurance cover in accordance with the levels prescribed by FCA, and to inform H3 immediately if these requirements are no longer complied with. I/We agree that the insurer(s) providing the Professional Indemnity cover shall be free to pass information on my/our cover to the FCA.

I/We understand that information supplied to H3 will become part of the data held by H3 in accordance with the Data Protection Act 2018. Such data may be passed to our business associates and service providers for administration, customer service, marketing and fraud prevention, or if required to any legal or regulatory body such as the Financial Ombudsman of the Financial Conduct Authority if we are required to do so.

I/We confirm that we have read and understood The Application, FCA Regulations and agree to comply with them. I/We have provided a copy of the applicable FCA Regulations to any employees who recommend H3 policies on my/our behalf and will ensure their adherence to the above. I/We confirm that we will manage conflicts of interest fairly between me/us and our customers and between a customer and another client. I/We will immediately disclose to H3 where a conflict of interest arises or could potentially arise that affects business introduced under the Terms of Business Agreement.

Signature:

Date:

Position:

Print
Name: