

Section 3. Personnel

Please give the following information in connection with ALL Directors, Partners, Principals AND Managers (Additional notes page available).

Person 1

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Person 2

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Person 3

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Person 4

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Person 5

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Person 6

Full Name

Position

Professional Qualifications

Other Directorships

Executive Director Non-executive Director

Section 3. Personnel (continued)

Has the applicant or any Director, Partner, Principal or Manager, personally or by association

- | | | | | | |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| (i) | previously applied for or held an agency with Aro Underwriting Group Ltd or any subsidiary or related companies? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) | had any agency or similar agreement with any insurer refused or cancelled? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) | been subject to disciplinary or investigatory proceedings instituted by the FCA or any other professional or regulatory body? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) | had an application to perform a controlled function or become authorised by the FCA refused or terminated? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) | been convicted of any criminal offence (other than a minor motoring offence) not regarded as spent under the Rehabilitation of Offenders Act 1974? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) | been subject to a County Court Judgement or Order, or is any Summons outstanding? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii) | been adjudged bankrupt, subject to a Receiving Order, entering into an agreement or composition with creditors, involved with any business which has gone into liquidation, subject to any action under the Insolvency Act 1986 or Company Directors Disqualification Act 1986, or is any such matter pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer to any of these questions is YES please provide further details on the "additional notes" page below and at the back of this Application Form

What is the total number of staff employed in your business
(including all Directors, Partners and Principals)

Additional notes

Section 4. General

For reference purposes please provide particulars of Bankers

Insurance Broking Account or Insurance Premium Account

Bank

Account No.

Sort Code

Business Account

Bank

Account No.

Sort Code

Finance/ Credit Control Contact Name

Telephone No.

Email

Professional Indemnity Insurer

Policy No.

Please provide an overview of the target segments you focus on, including any areas in which you are recognised as specialists

Please provide details of any Risk Management Services you offer clients

Please provide the latest copy of your Report and Accounts with this form or contact details where these can be obtained

Declaration

I/We apply to be appointed as an Agent of Aro Underwriting Group Ltd on the basis of the terms and conditions incorporated in the Company's Terms of Business a copy of which I/We have received, which I/We have read and understood.

I/We understand that Agency facilities are not granted until the Company's formal Appointment Letter has been issued and formally accepted by me/us.

I/We undertake to advise the Company in writing of any changes in circumstances in respect of my/our application including:

1. any changes of address;
2. any changes of Directors, Partners or Principals;
3. in the event of bankruptcy, insolvency, going into liquidation, entering into an arrangement or composition with any creditors or a receiver being appointed;
4. if the Agent, or any Director, Partner or Principal becomes subject to disciplinary or investigatory proceedings instituted by any professional body, trade association or regulatory body;
5. any convictions for criminal offences (other than minor motoring offences) of any Director, Partner or Principal
6. if any agency appointment with another insurer is terminated;
7. changes to the Professional Indemnity Insurance information given at section 4;
8. any change to the scope of permissions under part IV of the FSMA 2000.

Signed

Date

Name (in capitals)

Position

Additional Notes

