

# PATRONA

UNDERWRITING

## AGENCY APPLICATION FORM

You can trust in our service



This form is designed to assist Patrona Underwriting Limited in obtaining pertinent details of your business so that it can perform appropriate vetting and approval before entering into a contractual relationship with you.

### Please Note

- Any information given will be treated confidentially
- Completion of this application form does not give tacit approval or otherwise grant agency facilities and in no way confers authority on you to place business with Patrona Underwriting Limited.
- We will advise you in writing if the application has been successful and at that point will issue our Terms of Business.
- Patrona Underwriting Limited reserves the right to decline this application and may do so without giving any reason or explanation.

### Completing this Application

This form must be completed by a Director or Senior Compliance Officer of the Company.

Please answer all questions fully and completely and provide supplementary details where appropriate. Failure to do so will delay us processing your application.

Completed signed applications and accompanying documents should be sent to:

Quality Governance Team  
Patrona Underwriting Limited  
The Bushels  
Cornmarket  
Wexford

Or email to: [qualitygovernance@patrona.ie](mailto:qualitygovernance@patrona.ie)

**Submit via email**

**Print form**

**Contact:** Quality Governance Team  
Email: [qualitygovernance@patrona.ie](mailto:qualitygovernance@patrona.ie)  
Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford  
[www.patrona.ie](http://www.patrona.ie)

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UNDERWRITING

Patrona Underwriting Limited t/a Patrona, Patrona Underwriting and Bump Insurance is regulated by the Central Bank of Ireland

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## Section 1 – General Information

Company Name:

Trading Name (If Applicable):

Address:

Telephone Number:

Fax Number:

Email address:

Year established:

Software house used and Network ID  
(E or RE number):

Website:

Do you have a quote/bind facility on your website?

Yes

No

Contact name in relation to  
this application:

Contact email address in relation  
to this application:

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## Section 2 – Legal and Regulatory Information

Central Bank Registration Number:

Intermediary type (e.g. AA/MAI/IMR):

Type of Organisation (e.g. Sole Trader/Partnership/Limited Company):

What are the principal activities  
of your Company?

What are the specific lines of  
business/product types to which this  
application relates?

Companies Registration Office (CRO) reference number:

Is the Company partly or wholly owned by another entity?

Yes

No

If "YES" please provide details  
including percentage of ownership.

Are you a member of the IBA?

Yes

No

Are you a member of any other  
organisations? Please specify:

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## Section 3 – Professional Indemnity Cover

Name of Professional Indemnity Insurer:

Renewal Date:

Please specify limit of indemnity per claim on your PI Insurance\*:

PI Excess:

\*Please note a copy of your current PI Schedule confirming that PI Insurance is in place to at least the minimum level required by the Central Bank of Ireland, is required. We will not be able to process the Agency Application without this information.

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## Section 4 – The Company's Personnel

Details of Key Personnel:

Name	Title/Job Description	Qualifications
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Does any Government official or government employee have any membership or financial interest in your firm?

Yes

No

If "YES" please provide details:

Total Number of employees:

Number of employees holding the APA (Personal General Insurance):

Number of employees holding the APA (Commercial General Insurance):

Number of employees holding the CIP:

Number of employees holding the ACII:

Number of employees holding the FCII:

Number of employees holding a Professional Qualification not mentioned above:

Number of employees "grandfathered":

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## Section 4 – The Company’s Personnel (continued)

Name of the senior person in the  
Company responsible for Compliance:

Email address:

**Has the Company, or any Directors, Partners, Officers or Senior staff:**

Been convicted or charged with a criminal offence (excluding minor motoring offences)?	Yes	No
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If “YES”, please give details:

Been found liable for negligence, fraud, wrongful trading/ malpractice?	Yes	No
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If “YES”, please give details:

Been disqualified under company law?	Yes	No
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If “YES”, please give details:

Been involved in Liquidation, Receivership, Bankruptcy, Winding Up or entering into an arrangement with creditors, or is any such matter pending?	Yes	No
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If “YES”, please give details:

Been subject to disciplinary action, suspended, expelled or refused membership by any industry regulatory body?	Yes	No
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If “YES”, please give details:

Ever had an Agency Application declined, renewal refused or granted on special terms or an agency terminated by any principal?	Yes	No
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If “YES”, please give details:

Other relevant information:

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## Section 5 – Client Money and Financial Information

Do you hold client money in a segregated bank account designated as a “Client Premium Account”?    Yes                      No

If you hold both Life and Non-Life business, do you operate separate Client Premium Accounts?    Yes                      No

Name of Applicant's Bank:

Address of Applicant's Bank:

Account Name:

Account Number:

Sort Code:

Are all premiums collected on behalf of Insurers kept in a separate bank account and held in trust pending settlement of their accounts?                      Yes                      No

Financial Year End Month:

Please confirm that your latest accounts were audited:

Have you enclosed a copy of your audited accounts with this application? \*                      Yes                      No

\*Please note we will not be able to process the Agency Application without this information.

Name and address of your  
Accountants/ Auditors:

Name and address of your Solicitors:

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## Section 6 – Other Information

Please advise “Yes” or “No” to confirm if the following procedures are in place:

Sanctions Checking:	Yes	No
Financial Crime/Money Laundering:	Yes	No
Business Continuity Plan including Cyber Risk:	Yes	No
Compliance with local Data Protection rules applicable:	Yes	No
Compliance with your regulatory and legal obligations:	Yes	No

Email address for Statement of Accounts to be sent to:

Email address for Off Full Cycle EDI emails to be sent to:

Email address(es) for Patrona News emails to be sent to:

Please confirm whether you wish to be included on our mailing list?	Yes	No
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Can you provide brief details of how you heard about Patrona Underwriting?

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## Section 7 – Checklist

All sections of the Agency Application form have been completed:	Yes
Copy of current Professional Indemnity Schedule enclosed:	Yes
Copy of latest audited accounts enclosed:	Yes

Failure to complete/enclose all necessary information will delay us in processing your application.

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## Section 8 – Declaration

For Data Protection Act purposes.

By signing this application form you consent to us, and to our service provider, processing personal data, including sensitive data, to consider your request and to provide you with agency facilities.

You understand that this data may also be passed to carefully selected third parties, including credit reference agencies, to assist in the assessment of your application and we may rely on the information we receive to decide whether or not to proceed with appointing you.

Should you be successful in your application, you acknowledge and accept that we, our outsourced provider (where applicable), and carefully selected third parties, including credit reference agencies may continue to process your personal data from time to time, to review your status as our intermediary and that the data may also be used for public relations and financial accounting and collection purposes.

**I/WE HEREBY APPLY FOR AGENCY FACILITIES WITH PATRONA UNDERWRITING LIMITED**

**Printed Name:**

**Signed:**

**Position:**

**Dated:**

**I/We wish to be appointed Agent(s) of Patrona Underwriting Limited to transact insurance on the terms and conditions as advised by The Company. If there is any change in the detail provided above, I/We agree to notify Patrona Underwriting Limited immediately.**