### Ordinary Introducer Application Form

Please complete, sign, and return this form, to enable us to assess your suitability to become an Introducer to the Firm set out below.

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| **Name of Brown & Brown Regulated Entity**  | Insync Insurance Solutions Limited  |
| **Trading Name(s)**  | Insync Insurance Solutions Limited |
| **Firm reference Number**  | 08810662  |

Subject to our approval of your application to become an Introducer, we will provide you with a copy of our Introducer agreement, for you to review and consider. The agreement sets out the terms of appointment and scope of the activities you will be permitted to undertake in relation to making introductions to the Group firm, however, please note that this will be limited to: -

* Providing information to a customer about a contract of insurance, or about a Group firm, such as contact details, or an information leaflet, and no more.
* Providing information to the Group firm about a customer, with their permission, where such information is limited to information you already hold about your customer, obtained during your normal business activity, such as basic contact details.

If you have questions about the activity limitations, contact us to discuss before submitting your application form.

**Data Protection**

The information you provide on this form is for the sole purpose of assessing your suitability to become an Introducer to a Group firm.

We will not share the information provided by you on this form with any other third party, unless we are required to do so by the Financial Conduct Authority, or to satisfy any other legal requirement, nor shall we use this data for any other purpose than we have stated here.

**Application Form**

You must complete this application form to the best of your knowledge and if you have any queries or questions, please contact us.

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| **Introducer Information** |
| 1 | Name of individual or business  |  |
| 2 | Where relevant please provide details of any trading name(s) relevant to this application |  |
| 3 | Please state the company type, e.g., Ltd, Plc, LLP, Partnership, Sole Trader, others, if others please provide details. |  |
| 4 | Please provide your address and any other address or addressed you or the business trades or operates from. |  |
| 5 | Please provide the registered office address  |  |
| 6 | Please provide the companies/LLPs registration number  |  |
| 7 | Please state the date of incorporation of date the business was established |  |
| 8 | Are there any individuals who are not directors or partners who hold more than 10% of shares or voting rights?If yes, please provide the name, status and the % of shares or voting rights held.  | Y/N | Details |
|  |  |
| 9 | **Close Links**Is the business a parent undertaking, of other subsidiary firms, or a subsidiary of a parent undertaking, or, do you have ownership or control more than 20% of the voting rights or capital of another business, or does another business have 20% ownership or control of the voting rights or capital of your business? If yes, please provide full details, including name, legal status and % of shares or voting rights held.  | Y/N | Details |
|  |  |
| 10 | Are you, the business, any of its directors or partners currently an Appointed Representative or an Introducer Appointed Representative of any other FCA authorised firm?If yes, please provide details and relevant Firm Reference Numbers. | Y/N | Details |
|  |  |
| 11 | Have you, the business, any of its directors or partners ever previously been directly authorised by the FCA, or been an Appointed Representative or Introducer Appointed Representative of another directly authorised firm? If yes please provide full details, including any relevant Firm Reference Numbers.   | Y/N | Details |
|  |  |
| 12 | If you answered yes to Q11, have you, the business, any of its directors or partners ever had any authorisation cancelled, permissions restricted or been subject to any disciplinary proceedings by the FCA, If yes, please provide details in full. | Y/N | Details |
|  |  |
| 13 | Please provide the full name and job title of the individual that will have responsibility for this relationship. |  |
| 14 | Please provide a contact number and email address for the above individual.   |  |
| 15 | Please provide your main business contact number and email address, where applicable.  |  |
| 16 | Please describe the nature of your business or trade and how you feel this aligns with introductions to the Group firm.  |  |
| 17 | Which insurance products do you wish to make introductions for? *Please list all that apply.* |  |
| 18 | Please estimate the number of introductions you anticipate you can make in a 12-month period.  |  |
| 19 | Do you have any previous experience of introducing potential customers in relation to general insurance products? If yes, please provide full details. If not, please outline how you intend to approach effecting the introductions.  | Y/N | Details |
|  |  |
| 19a | Are you, your business or any director, partner connected in any way whatsoever to any of the businesses or individuals you plan to introduce, other than any relationship already outlined on this form? If yes, please provide details. | Y/N | Details |
|  |  |
| 20 | Do you have a website or websites relating to your business or trade? If yes, please provide the website address or addresses.  |  |
| 21 | Are you registered with the Information Commissioners Office (ICO), if yes, please provide your ICO registration number and expiry date. If not, please explain how you will comply with the DPA 2018.  | Y/N | Details |
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| **Introducer Declarations** |
| Has the applicant, the business or any of its directors or partners, either directly, or by association; | Yes/No |
| A | Ever been convicted of **any** criminal offence, including offences of dishonesty, fraud, false accounting, theft, offences against the administration of public justice, e.g., perjury, perverting the course of justice, intimidation of witness or jurors, lying under oath, serious tax offences or ever been the subject of any criminal proceedings, whether in the UK (United Kingdom) or otherwise, or been notified of any potential proceedings or any criminal investigation? |  |
| If yes, please provide details in full  |  |
| B | Ever been the subject of **any** adversefinding or settlement in **any** civil proceedings, including those that may lead to a County Court Judgement (“CCJ”) or other judgement debts, whether in the UK or otherwise, or aware of any such proceedings in the future?  |  |
| If yes, please provide details |  |
| C | Ever been disqualified from acting as a director of a company, acting in a management position or capacity, conducting the affairs of any company, partnership, or unincorporated association?  |  |
| If yes, please provide details |  |
| D | Ever been subject to **any** investigation in relation to any misconduct, or malpractice for any activity associated with business.  |  |
| If no, please provide details |  |
| E | Ever been subject to **any** bankruptcy proceedings, sequestration of estate, or ever entered a deed of arrangement or a voluntary arrangement, (trust deed if Scotland) or been put into liquidation, wound up, ceased to trade, had an administrator or receiver appointed, or any agreement made in favour of any creditor, or aware of **any** circumstance that may result in any such proceedings.  |  |
| If no, please provide details |  |
| F | Ever been dismissed from, asked to resign from or refused entry to any profession or vocation, office or employment, any fiduciary office or position of trust (whether remunerated for such activity, or otherwise), or been refused, restricted in or had suspended, the right to carry on any trade or profession, for which authorisation, licence, membership or other permission is required?  |  |
| If no, please provide details |  |

**Important**

Please provide details of any other information, situation, or circumstances that you feel we should be aware of, or that may affect our decision in relation to your suitability as an Introducer to the Firm.

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**Bank details**

Please provide the bank account details you require us to make any remuneration payment to, subject to this application's approval.

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| **Name of Bank** | **Name of Account Holder** | **Sort Code**  | **Account Number** |
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**Application Declaration**

I can confirm that all the information provided in this form is accurate and true to the best of my knowledge and that I have discussed with all other relevant individuals in the business to ensure that any information I have provided on their behalf is also accurate and true to the best of their knowledge.

If you return this form electronically, we will retain a copy of your email as a record of your approval.

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| **Name** |  |
| **Job title** |  |
| **Signature** |  |
| **Date** |  |