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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS FORM IS FOR AGENCIES ONLY** (where the Agency are acting on behalf of an insured or reinsured) | | | | | | | | | | | | | | | | | | | | | | |
| **1. AGENCY DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Full legal name of Agency** | | | | | | | | | | | | *Name of new Agency.* | | | | | | | | | | |
| **1.2 Correspondence address** | | | | | | | | | | | | | **1.3 Contact details** | | | | | | | | | |
| *Address of new Agency.* | | | | | | | | | | | | | Name | | | *Name of main contact.* | | | | | | |
|  | | | | | | | | | | | | | Telephone | | | *Telephone of main contact.* | | | | | | |
|  | | | | | | | | | | | | | E-mail | | | *Email address of main contact.* | | | | | | |
|  | | | | | | | | | | | | | Website | | | *Website address of new Agency.* | | | | | | |
| **2. BACKGROUND & BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| **2.1 How you know the Agency and how and when they were introduced to the company (also include any other background information)** | | | | | | | | | | | | | | | | | | | | | | |
| *Give full details of how and when the Agency was introduced to PSC EU, including who they have met or liaised with and who introduced them.* | | | | | | | | | | | | | | | | | | | | | | |
| **2.2 Have you met with the Agency (either in person or via video call) or spoken to them on the telephone?** | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** |  | | **No** | |  | | **If Yes, please provide meeting notes or telephone notes** | | | | | | | | | | | | | | | |
| *All meetings or telephone calls with the Agency should be recorded by a meeting/telephone note or email and submitted with this form. Notes are vital for the approval process to evidence how well we know the new Agency.* | | | | | | | | | | | | | | | | | | | | | | |
| **2.3 Specific services the Agency will provide to the company.** | | | | | | | | | | | | | | | | | | | | | | |
| **Will the Agency be liaising directly with the insured(s) and acting on their behalf?**  **If No, please explain below** | | | | | | | | | | | | | | | | | **Yes** |  | | **No** | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Will the Agency be providing the insured(s) instructions directly to us?**  **If No, please explain below** | | | | | | | | | | | | | | | | | **Yes** |  | | **No** | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Will the Agency be collecting premiums and handling claims on behalf of the insured(s)? If No, please explain below** | | | | | | | | | | | | | | | | | **Yes** |  | | **No** | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Note: It is vital that we know exactly what services they will be providing in order to establish their part in the business and whether the commission they receive is appropriate. If services provided are less specific, then this presents a greater risk of bribery and corruption. | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Proposed business – including classes of business and countries of business to be produced** | | | | | | | | | | | | | | | | | | | | | | |
| **Classes of business to be produced by the Agency** | | | | | | | | | | | | | |  | | | | | | | | |
| **Countries of business to be produced by the Agency** | | | | | | | | | | | | | |  | | | | | | | | |
| *List what classes of business are to be produced and where the business in question emanates from. This information is vital in order to assess the potential for bribery and corruption.* | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Commission – the commission percentage the Agency will receive of commission earned by us** | | | | | | | | | | | | | | | | | | | | | | |
| **Exact Commission % if known** | | | | | |  | | | | % | **If exact commission is not known then please select one of the below:** | | | | | | | | | | | |
| **Below 50%** | |  | | **Above 50%** | | | |  | | | **If commission is above 50% please explain below** | | | | | | | | | | | |
| *Enter the percentage of commission retained by PSC EU that will be paid to the new Agency or if it is to be agreed depending upon the account enter ‘agreed on a case-by-case basis’.*  *Note: Above 50% is deemed high risk. It is extremely important that the amount of commission properly reflects the service carried out by the Agency as any excessive commission could be viewed as a bribe.* | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Volume of business being produced** | | | | | | | | | | | | | | | | | | | | | | |
| **Will the Agency be producing more than GBP 50,000 gross written premium?**  **If No, please explain below** | | | | | | | | | | | | | | | | | **Yes** |  | | **No** | |  |
| *If it is not expected that the new Agency will produce GBP 50,000 GWP then you must provide a good business reason for setting them up.* | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE SUBMIT THIS FORM ELECTRONICALLY TO PSC EU COMPLIANCE: compliance@pscinsurance.ie** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **4. COMPLIANCE REVIEW to be completed by Compliance** | | | | | | | | | | | | | | | | | | | | **Yes** | **No** | | |
| Agency Application questionnaire and requested documents sufficient | | | | | | | | | | | | | | | | | | | |  |  | | |
| Sanctions check completed and attached | | | | | | | | | | | | | | | | | | | |  |  | | |
| TOBA in place | | | | | | | | | | | | | | | | | | | |  |  | | |
| **Compliance comments**  **(if necessary)** | | |  | | | | | | | | | | | | | | | | | | | | |
| **5. AGENCY APPROVAL to be approved by Compliance** | | | | | | | | | | | | | | | | | | | | | | | |
| **Compliance Comments**  **(if necessary)** | | |  | | | | | | | | | | | | | | | | | | | | |
| **6. WEBSURE to be completed by Compliance** | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| Added to Websure | | | | | | | | | Websure Account ID(s) | | | | | |  | | | |  | |  | | |