

# Peak Placement

## Broker Application Form

Peak Placement (a trading entity of Yourshield Limited) is committed to maintaining robust systems, control and protocols to comply with our legal and regulatory obligations. This application form is designed to assist us in meeting these obligations and standards by gathering essential information about your business. The details you provide will be used for vetting and approval prior to entering into a contractual agreement with your agency.

This form must be completed by a director or compliance officer of your company. Please be assured that any information you provide will be treated with the utmost confidentiality and in accordance with applicable laws and regulations. We appreciate your cooperation in this process.

By submitting this application form, you agree to the following terms:

1. You are formally applying to become an agent of Peak Placement, acknowledging the responsibilities and obligations that come with this role.
2. You will maintain your status as a regulated company in compliance with all applicable laws and regulations.
3. You will provide updated financial information as required to ensure ongoing compliance and assessment.
4. You will keep Peak Placement informed of any changes to your business that may be relevant to this agreement.
5. You acknowledge that Peak Placement will conduct all relevant searches and inquiries to assess your suitability as an agent. This may include financial checks, credit searches, regulatory checks, sanction checks and Companies House checks.

Please note that by submitting this application, you understand that it does not guarantee the granting of agency status. Peak Placement reserves the right to refuse any application without providing a reason or justification. If your application is successful, you will be notified in writing and provided with our terms of business.

### What you need to do;

- Complete the following sections as accurately and as honestly as possible
- Attach a copy of your most recent Professional Indemnity Certificate
- Attach your latest audited accounts

Office 29, 5 Rayleigh Road, Shenfield, Brentwood, CM13 1AB

**T:** 01277 281 871 | **E:** [enquiries@peakplacement.co.uk](mailto:enquiries@peakplacement.co.uk) | **W:** [Peakplacement.co.uk](http://Peakplacement.co.uk)



### 1. Agency Information

Company name/Full name of individual:	
Trading names of your business (if applicable):	
Registered company number and country of registration:	
Company Established Date:	
Contact name:	
Registered Address:	
Correspondence address:	
Phone Number:	
Email Address:	
Website:	

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## 2. Company Personnel

Please list below details of all director's information with significant control / influence over the business:

Name	Details

Does any government official or government employee have any membership or financial interest in your company?

No

Yes

If you have selected 'Yes', please provide more information.

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Who will be responsible for the day to day running of the business to be placed with Peak Placement?

Name	Role

### Totals per staff type:

Employees:	
Directors:	
Producers:	
Administrative:	
Claims:	

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**Please answer the following questions regarding your company, any Directors, Officers or Senior staff:**

A. Has the company, any Directors, Officers or Senior staff been charged with a criminal offence (not including motoring offences) in the last 12 months?

Yes

No

B. Has the company, any Directors, Officers or Senior staff been disqualified under company law?

Yes

No

C. Has the company, any Directors, Officers or Senior staff been censured, fined, disciplined, suspended, or refused membership by any industry regulatory body?

Yes

No

D. Has the company, any Directors, Officers or Senior staff been found liable for negligence, fraud, wrongful trading, or malpractice?

Yes

No

E. Has the company, any Directors, Officers or Senior staff been subject to any application for or declaration of liquidation, receivership, bankruptcy, or similar proceedings?

Yes

No

F. Has the company, any Directors, Officers or Senior staff entered into any agreement or assignment with creditors or acknowledged insolvency?

Yes

No

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G. Has the company, any Directors, Officers or Senior staff had a licence or authorisation to conduct business refused, suspended, withdrawn, or not renewed?

Yes

No

If you answered YES to any of the above questions, please provide all relevant information below:

### 3. Legal and Regulatory

Legal Status of your business:	
Principal Activities of your business:	
Are your clients and their risks located within the UK? If not, please specify where they are located and what types of risks:	
If your business partly or wholly owned by another company? If so, please provide details of the other company(s) and their percentage of ownership:	
(Non-UK) Insurance Licences Held (type and number):	
(Non-UK) Expiration dates of licences:	
Any Disciplinary Actions or Licence suspension? If yes, please explain:	

### 4. Professional Indemnity Cover

Does your company Currently have Professional Indemnity Insurance?

Yes

No

If no, Please explain why:

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## 5. Your Insurance Business

A. Is your firm part of a group?

Yes

No

If yes, please provide details of your group structure:

B. Please advise the name of your regulator:

C. Your company's regulatory reference:

D. Existing relationships with Lloyd's brokers:

E. Does the company handle retail business?

Yes

No

F. Does the company handle wholesale business?

Yes

No

G. Annual Gross Written Premium:

H. Is your company a member of any insurance trade associations? If so, which:

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## 6. Financial Information and Client Money

A. Is your company authorised to hold client money?

Yes

No

If 'No', how does your company handle client premiums?

B. Please provide a brief description of how your company holds client money (e.g. held in a statutory or non-statutory account):

C. Has your company's client money systems and controls undergone an audit in the last 12 months?

Yes

No

D. Have your latest accounts been audited?

Yes

No

**Please enclose a copy of your audited accounts. We are unable to proceed with the application without this.**

E. Please confirm your company is compliant with money laundering and financial crime laws/rules applicable in its jurisdiction:

Yes

No

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**F. Please provide details of your business's bank account:**

Account Name:	
Account Number:	
Sort Code:	
Bank Name:	
Bank Address:	

**G. If you have a separate account for client funds, please provide those details:**

Account Name:	
Account Number:	
Sort Code:	
Bank Name:	
Bank Address:	

**H. Please Provide Details of your main Accounts contact.**

Name:	
Contact Number:	
Email address:	

**7. Compliance and Ethics**

A. Do you have an E&O insurance policy?

Yes

No

B. Describe your agency's compliance procedures:

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C. What measures do you take to ensure ethical conduct?

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## 8. Additional Information

A. How did you hear about us?

B. Any additional comments or information:

## 9. Signature

Signature of Owner/Principal and Date:

X

Instructions for Submission

**Please complete and submit this form along with any required documentation to [enquiries@peakplacement.co.uk](mailto:enquiries@peakplacement.co.uk)**

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