



TRADING PARTNER APPLICATION FORM

Purpose of this form

Arthur J. Gallagher ("AJG") is the trading platform for Arthur J. Gallagher & Co. group outside of the United States, Bermuda and the Cayman Islands. Throughout its operations it maintains systems and controls for compliance with applicable requirements and standards under regulatory systems worldwide. Importantly, this includes policies and procedures for countering the risk of AJG becoming involved in financial crime. We maintain a policy of zero tolerance towards bribery and corruption in all forms, whether directly or through third parties. We wish to work only with those who are committed to our standards and we will undertake due diligence to ensure this. The purpose of this form, therefore, is to fulfil our regulatory obligations by performing a process of vetting and approval of your business before we enter into a contractual relationship with you.

Terms in this form

In this form AJG uses the term 'Trading Partner', 'Your Firm', 'You', 'Your' to represent any firm/individual with whom we deal, whose function may be to:

1. Introduce clients or trading partners to us (or to accept such introductions from us); and/or
2. Assist us in obtaining, retaining or servicing business; and/or
3. Help service the insurance business we are conducting by, for example, gathering information or providing local insurance expertise.

The category 'Trading Partner' includes, Appointed Representative, Introducer Appointed Representative, Firms and individuals, in the UK.

Completing the form

1. You can complete this form on your computer and submit it by email or by post.

Either print the completed form and sign it, or attach a digital signature and then return it by email to your Business Handler / Broker or ComplianceSupport@Intasure.com

2. If you are completing this form by hand, please:

Use black ink, and

Write in block capitals

****All questions in the form should be answered or, if appropriate, marked as not applicable (N/A).**

Section 1
Correspondence Details & Documents

- 1.1 Name of the firm/individual:
- 1.2 Trading name (if applicable):
- 1.3 Business address:
- 1.4 Country of domicile:
- 1.5 Contact name (for compliance/ legal/ risk purposes):
- 1.6 Telephone number:
- 1.7 Email address:
- 1.8 Web address:

Printed documents can be submitted by post with the Application or alternatively attached to an email as a PDF file.

Mandatory Documentation Required:	Attached?
1.9 If non UK – evidence of regulatory authorisation	<input type="checkbox"/>
1.10 Group structure chart	<input type="checkbox"/>
1.11 Professional Indemnity/Errors & Omissions Insurance Certificate (or equivalent)	<input type="checkbox"/>
1.12 Directors' & Officers Insurance Certificate	<input type="checkbox"/>
1.13 List of company directors & shareholders (with over 25% shareholding)	<input type="checkbox"/>

Additional Documentation required (if applicable):	Attached?
1.14 Passport photo page/identity card (only required for individual applications)	<input type="checkbox"/>
1.15 Anti- bribery & corruption policy (if applicable)	<input type="checkbox"/>
1.16 Audited financial statements for the last two years	<input type="checkbox"/>

***Please note that documents under points 1.9 – 1.13 are not required when the application is for an individual person**

Section 2
Structure & Regulatory Status

- 2.1 Principal business activities:
- 2.2 Legal status (Please tick)
- Limited company / corporate:
- Limited - liability partnership:
- Sole traders / partnership:
- Other (please specify):
- 2.3 Country of registration:
- 2.4 Registration number (if applicable):
- 2.5 Date established (if applicable):
- 2.6 Parent company (if applicable):

2.7 Registered address (if different to 1.3):

2.8 Subsidiary companies:

2.9 Affiliated companies

(For this purpose, an affiliated company is a company in the same group as your firm that is not a parent or immediate subsidiary).

2.10 Are you registered with the Financial Conduct Authority (FCA) or an equivalent overseas regulator?

If yes, please provide your Firm Reference Number:

Please name the overseas regulator if non-UK:

Section 3 **Controllers & Senior Management**

3.1 Please provide details of all shareholders who hold 25% or more of the shares or voting power in your firm, or in a parent of your firm:

For this purpose, a controller is a person who: (a) holds 25% or more of the shares or voting power in your firm, or in a parent of your firm; or (b) holds shares or voting power in your firm, or any parent, as a result of which the person is able to exercise significant influence over the management of your firm.

Please complete all columns

Name	Date of birth	Address	Time connected with the firm (years)	Percentage of shareholding

3.2 Details of all active company directors/principals (those listed on companies house or equivalent)

Name	Date of birth	Address	Position	Time connected with the firm (years)

3.3 Total number of employees:

- | | | | | |
|--|--------------------------|-----------|--------------------------|------------|
| | Yes | Insurance | Risk Management | Consulting |
| 3.4 Has your firm or any director, principal, partner or controller, personally or by association: | | | | |
| (a) Been convicted of a crime involving dishonesty or breach of trust? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| (b) Been disqualified under company law? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| (c) Been found liable for negligence, fraud, wrongful trading or malpractice in connection with business activity? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| (d) Been declared insolvent, bankrupt or made any similar arrangement with creditors? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| (e) Been refused membership, censured, fined, disciplined, suspended, or expelled by any insurance industry regulatory body or trade association? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| (f) Had a licence, authorisation or registration to conduct insurance business suspended, withdrawn or not renewed? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3.5 Is your firm or any director, principal, partner, controller or key member of staff a specially designated person under a financial sanction regime, or the subject of sanctions targets as designated by the US Office of Foreign Assets Control, the European Union, or HM Treasury? | <input type="checkbox"/> | | <input type="checkbox"/> | |

If you answered yes to any of these questions, please provide details in Section 7, clearly stating which question(s) the provided information refers to.

Section 4 **Governance**

4.1 Do you have in place appropriate procedures to counter the risk of your firm becoming involved in bribery or corruption? Yes No

If Yes, please provide a copy as listed under section 1 (Additional Documents)

4.2 Does any government official, government employee, or government entity have any ownership interest, other financial interest, or management role in your firm? Yes No

If Yes, please provide full details

4.3 Has any of the persons listed in section 3.1 or 3.2, or any family member of these persons, currently or previously held any position of responsibility within any government, government agency, any enterprise owned in whole or in part by a government, or any international organisation? Yes No

If Yes, please provide full details in the table below.

Name	Position in / Relationship to Your Firm	Position in Government / Agency / Organisation / Party	Period of Service	
			From:	To:
			From:	To:
			From:	To:
			From:	To:

4.4 Do you have adequate controls and procedures in place to ensure all taxes are accounted for and paid appropriately, including VAT and Insurance Premium Tax (where relevant)? Yes No

If No, please provide further explanation below.

If you need additional space for any of the above questions, please provide details in Section 7, clearly stating to which question(s) the additional information relates.

Section 5 **Insurance Details**

5.1 Do you have:

	Yes	No
(a) Professional Indemnity/Errors & Omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Directors' & Officers' insurance?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Fidelity insurance?	<input type="checkbox"/>	<input type="checkbox"/>

With regards to 5.1(a), (b) and (c) please provide evidence of the certification as per section 1 (Mandatory Documents).

Section 6

Bank Details

6.1 Business account details (please note the account must be the same as your trading name)

Bank name:

Bank address:

Your reference:

Account name:

Account number:

Sort code:

SWIFT code:

IBAN:

6.2 Client money/ fiduciary funds account details (if applicable)

Bank name

Bank address:

Your reference:

Account name:

Account number:

Sort code:

SWIFT code:

IBAN:

6.3 Have your systems and controls regarding the handling of client money/fiduciary funds been audited by a third party? Yes No

6.4 Is there any circumstance which has occurred, subsequent to the audited accounts, which could prejudice the financial position of your firm? Yes No

If Yes, please provide full details

Section 7

Additional Information

PLEASE STATE QUESTION NUMBER AND ADDITIONAL INFORMATION

Section 8

Declaration

- I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Trading Partner.
- I declare on behalf of the Trading Partner that, to the best of my knowledge and belief, the information contained in and attached to this application ("Information") is accurate, complete, up-to-date and purports to be comprehensive and not misleading.
- I acknowledge and agree on behalf of the Trading Partner that any Information provided pursuant to the application constituting Personal Data may be stored at and/or processed in accordance with AJG's Privacy Statement (available on AJG's website www.ajginternational.com/privacy-and-cookies-policy).
- I acknowledge that, where circumstances lead AJG to suspect bribery, corruption, or other financial crime in relation to business with the Trading Partner, additional due-diligence may be carried out and further steps taken, including, the notification to the relevant authorities, status and credit checks using credit reference agencies, and other background checking, as deemed appropriate.

By signing the declaration below I confirm that I have read and understood the above declarations

Name: _____ Position/Title: _____

Signed: _____ Date: _____

Full Name of Trading Partner:

Depending on the answers provided, AJG Compliance may need to ask for further information, clarification or documentation.