

RHINO 
P R O T E C T L I M I T E D

Agency Application

PLEASE COMPLETE IN BLOCK CAPITALS

Business name		
Date of establishment		
Address		
Contact Name		
Telephone		
Email		
Website address		
Business status	Sole trader / Partnership / Limited company	
If limited company, please enter registered number:		

Please list the full names and dates of birth of all Directors / Partners

First Name	Middle Name(s)	Surname	D.O.B

Please describe the nature of your business activities below:

Do you undertake any other types of business? (If so, please state)

How are you retailing the products? (tick box)

Direct to the client	<input type="checkbox"/>	Wholesale	<input type="checkbox"/>	Both	<input type="checkbox"/>
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How will you transact business? (tick boxes)

Delegated authority	<input type="checkbox"/>	HUB	<input type="checkbox"/>	Standalone referrals	<input type="checkbox"/>	Rhino-managed white labelled website	<input type="checkbox"/>
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Are you VAT registered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	VAT Number	
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Are you FCA authorised?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Firm Reference No.	
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Are you authorised to hold client money?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you hold all client money in a segregated client bank account for the purposes of CASS?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If not, do you hold client money in an equivalent trust account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'No' to both control of monies questions, please provide full details as to how client money is held:

If you have answered 'Yes' to either of the control of monies question, please complete the following:

Bank used:		Date account opened:	
Account name:		Account number:	
		Sort code:	

Agency Application (Continued)

Have you, or your partners, or directors, or has any business in which you, your partners, or directors have been involved in ever:

Been the subject of a receiving order?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Entered into an arrangement with creditors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been a director of a company which has been wound up other than for purposes of amalgamation or reconstruction?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been the subject of a Court judgement for any outstanding debts?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Had an application refused by any insurance company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Been convicted of a criminal offence (other than for motoring)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered 'Yes' to any of the above questions, please provide details below. Use a separate sheet if necessary

Do you currently hold Professional Indemnity insurance cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'Yes' to the above question, please confirm:

Insurer:	
Limit of Indemnity:	
Excess/Deductible:	
Renewal date:	

General Details

I/We declare that the information given is correct and hereby apply for an agency for the introduction of general contracts to Rhino Protect Limited on its standard agency Terms of Business.

I/We understand that the agency, if granted, may be terminated by either party without reason. The agency will be kept under review and is likely to be terminated if, for example, the standard of administration, payment of accounts, volume and standard of business introduced is not acceptable to Rhino Protect Limited.

I/We agree that the company may make such relevant searches and checks (including in regard to credit worthiness) on this firm and its owners/principals as it sees fit.

To be signed by a principal, partner or director

Name:		Position:	
Signature:		Date:	

Return to: Windsor House, Troon Way Business Centre, Humberstone Lane, Thurmaston, Leicester, LE4 9HA

Email to: enquiries@rhinoprotectinsurance.com

Telephone: 01455 852111

We agree to receive marketing communications from time to time from Rhino Protect, unless this box is ticked. No details at any time will be passed on to third parties