

General Insurance | Application form



Complete this form to register to use the PMS General Insurance panel.

Please complete this form in full and email to membershipcc@sbg.co.uk or by post to Membership Team, SBG, 4th Floor, Jackson House, Sibson Road Sale, Manchester, M33 7RR.

The principal of the firm must complete and sign this form, which is for directly regulated firms only.

If a question isn't applicable, please indicate this clearly. If there's insufficient space or you need to provide additional information, this can be provided on a separate sheet. Any additional sheets must be signed and dated.

SECTION 1: FIRM DETAILS

Firm name (as registered with the FCA):	Date:
Primary GI contact name:	
Primary GI contact's email address:	
Firm address:	Office phone number:
	Firm FCA number:
	Company status (i.e. Sole Trader, Partnership etc.):
	Company number:
	Estimated number of GI cases to be written through PMS each month:

SECTION 2: PRINCIPAL OR CONTROLLER'S DETAILS

Title	First Name	Last Name	Email Address:	Individual FCA number

SECTION 3: ADVISER DETAILS

Please list all advisers who require access to the PMS General Insurance Panel.

Title	First Name	Last Name	Email Address	Mobile Number

SECTION 4: PRODUCT INFORMATION

Please indicate your business activities from 1 to 5 with 1 being primary activity and 5 being minimal activity.

General Insurance (personal):	Commercial Insurance:	Mortgages:
Pensions & Investments:	Other (Please specify):	

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PMS is a trading style of Premier Mortgage Service Limited a company registered in England and Wales with number 5011650. Registered office: Pixham End, Dorking, Surrey RH4 1QA.

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What annual Gross Premium do you expect to be generating when this agreement is up and running?

How long have you been selling General Insurance?

Do you regularly deal with vulnerable customers, for example customers under the age of 20 or over 70, customers who have difficulty communicating or customers that are going through a difficult time (bereavement or divorce)? Y N

SECTION 5: BANK DETAILS

Please confirm the bank account details for commission payments to be credited to:

Account Name:

Name of Bank:

Sort Code:

Account Number:

Please note: Any changes to the above bank account details must be notified to each of the General Insurance panel providers.

SECTION 6: EXISTING AGENCIES

This agreement will automatically close any previous agencies held with Paymentsshield and/or Paymentsshield Home & Protect to new business.

SECTION 7: COMMISSION DETAILS

We calculate the commission due to you as a percentage of the commissionable premium. The percentage you'll receive will vary by product. Full details of the percentages applicable to each product in our GI proposition can be found in the insurance section of our website www.trustpms.com/general-insurance.

Your commission options are dependent on the provider used and product sold. The table below details the options available on each product:

Provider	Monthly Accrual	Annual Indemnity	Initial Indemnity	Double Indemnity	Enhanced Indemnity
Paymentsshield	✓	✓	✓	✓	✓
Legal and General	-	✓	-	-	-
Uinsure	-	✓	-	-	-
Let Alliance	-	✓	-	-	-
Sesame Insure MPPI	✓	-	-	-	-
Specialist Home Insurance	-	✓	-	-	-

The default commission option is Annual Indemnity, with the exception of Sesame Insure where only Monthly Accrual is available.

Please confirm your choice of commission option for Paymentsshield products by ticking the appropriate box:

Annual Indemnity Commission

Double Indemnity Commission

Enhanced Indemnity Commission

Monthly Accrual Commission

Initial Indemnity Commission

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A referral service is available. Commission is still paid at inception and through the life of the policy. Commissions vary by risk type and product provider.

Premium Flex – Paymentsshield and Uinsure only

Premium Flex enables you to easily ‘flex’ a percentage of the policy’s commissionable premium by reducing the commission that you earn, in order to tailor the price for you client (up to a maximum of 27.5%). This is only available on certain products.

Any policy sold using the premium flex facility, please enter the maximum percentage you would like to utilise for all sellers:

(Up to a maximum of 27.5%)

If you wish to utilise a different percentage per seller, please call Paymentsshield on 0345 643 7278 or Uinsure on 0344 844 3844.

SECTION 8: DISCLOSURE

	YES	NO
1. Has a petition for bankruptcy or compulsory winding up of the firm ever been presented?		
2. Has the firm ever had a receiver or administrator appointed, failed to satisfy a debt adjudged due, or come to a compromise or similar arrangement with any of its creditors?		
3. Has the firm been the subject of a reconstruction, whether as a result of any form or insolvency or otherwise?		
4. Has the firm been a defendant in any criminal or civil proceeding or arbitration in the last five years or is any unsatisfied judgment debt or award outstanding against it?		
5. Have any settlements been entered into in the last five years, whether or not on an ex gratia basis, to avoid legal action being brought against the firm or to avoid publicity?		
6. Has the firm at any time been convicted of fraud or other dishonesty or an offence under legislation (whether or not in the United Kingdom) relating to companies, building societies, industrial and provident societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, customer credit or consumer protection?		
7. Is the firm involved as a defendant in any proceedings, investigations or other events referred to in any of the questions above which are not yet determined? Or any such proceedings, investigations or other such events pending?		
8. Has the firm, its controllers or sellers ever been refused, had revoked, any licence, membership, authorisation, registration or any other permission granted by a financial services regulator in the UK or overseas?		
9. Are there any other significant events regarding the firm or any companies in the firm’s group that might adversely affect the application?		
10. Has your business, its controllers or sellers at any time been fined, censured, expelled or otherwise disciplined by any regulatory body (whether or not having the force of law) or network?		
11. Has your business at any time held any indemnity commission debts with insurance companies or financial services networks that have remained unpaid for 3 months?		

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12. Has your business at any time made a claim against a Professional Indemnity policy in respect of any products regulated by the FCA or any other regulatory body (whether or not having the force of law)?

13. Have any of the Controllers or sellers on this application ever had their right to sell under the FCA withheld / withdrawn?

14. Do you hold a current Professional Indemnity Insurance Certificate?

If you have answered 'Yes' to any of the questions in section eight then please provide further details in the section below:

SECTION 9: DECLARATION

- I wish to offer some or all of the range of products marketed by the panel of providers in the PMS General Insurance proposition as part of the General Insurance business offering of my firm.
- I can confirm that my firm and the individual advisers within my firm have the relevant FCA permissions and general insurance authorisations required to sell General Insurance products.
- I hereby authorise PMS to provide all relevant information relating to this application and the firm in whose name is it made to the panel of providers, in order to evaluate and / or establish a working relationship with each provider.
- I understand PMS will update me regularly about their services and deals they have negotiated by email. By signing this application form, incorporating the terms of our agreement with me, I agree that PMS and the providers may send me electronic communications about these services.
- If you don't wish for us to contact you by email for marketing purposes then please send an email to marketing@trustpms.com.
- I declare that the information supplied in this form is complete to the best of my knowledge, information and belief, and that there are no other relevant facts of which should delay my application to the selected panel of providers.
- I acknowledge that I have read the content of the Agency Terms and conditions held on www.trustpms.com/general-insurance, and I hereby agree on behalf of the firm to be bound and comply with the obligations and requirements contained therein.
- I understand all of my previous agencies held with Paymentsshield will be closed to new business.

This form must be signed by the Principal of the firm (as listed in Section 2)

Signature:

Date:

Title:

Position in company:

First Name:

Last Name:

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