

General Insurance | Referral Application form **pms**[®]

Complete this form to register to use our General Insurance Referral Service.

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.

If you have any questions or need assistance, call 0345 230 8000.

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:

Firm's CCL 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

FOR INTERMEDIARY USE ONLY

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.

SECTION 4: BANK DETAILS

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

Account Name:

Name of Bank:

Sort Code:

Account Number:

SECTION 5: 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.

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

SECTION 6: DECLARATION

- I can confirm that my firm and the individual advisers within my firm have the relevant FCA permissions and authorisations to introduce non-investment insurance business.
- I understand SB Insure will contact the introduced customer on behalf of my firm and the introducer is required to capture the consent of the customer (as requested by SB Insure and detailed on the referral page of the SBG GI Portal) for this to occur.
- I acknowledge I have read the terms of business for referral as held on www.trustpms.com

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: