Firm accreditation form

For an intermediary firm applying for terms of business with FDI Insurance d.a.c. for the first time. Co
section that applies to the firm, sign the declaration, and return the form to the broker desk. We verify
against the register held by its competent authority and read the professional indemnity schedule befo
terms, and we aim to decide a complete application within ten working days.

1 The firm

Legal name of the firm *

Trading name, if different

Registered address *

Registration number *

Country of registration *

VAT or tax reference

Website

2 Regulatory authorisation

We check what you enter here against the public register before terms are issued, so give the reference exactly as the register shows it.

Competent authority *

Firm reference or registration number *

Date first authorised

Country of establishment

Other countries you place business in

Basis on which the firm is authorised

- ☐ Insurance intermediary
- ☐ Insurance broker
- ☐ Appointed representative
- ☐ Member of a network
- ☐ Reinsurance intermediary
- ☐ Ancillary intermediary

3 Professional indemnity insurance

Insurer *

Policy number

Limit of indemnity, any one claim *

Limit in the aggregate

Expiry date

Please have the current schedule to hand — we ask for it once the application is with the desk. We do not need the full policy wording.

4 People we will deal with

Principal or managing director *

Email *

Compliance officer

Email

Accounts contact for commission statements

Email

Main telephone *

Direct line for referrals

Claims contact

5 What you expect to place

Ranges you intend to use

- ☐ Investments
- ☐ Guarantees and surety
- ☐ Retirement
- ☐ Estate planning
- ☐ Workplace protection
- ☐ Home finance

Clients you act for

- ☐ Private clients
- ☐ Corporate clients
- ☐ Public sector bodies
- ☐ Trustees

Estimated annual premium, first year

Number of advisers placing business

Anything we should know about the book

Sectors, territories, existing facilities.

6 Portal users

The people who should be able to obtain quotations, download documents and track a case. You can add or remove users yourself once the account is live.

Users to set up

One per line: full name, email address, role.

Bank details for commission are collected separately, by secure means, once terms are in place. Please do not write them on this form or send them by email.

Declaration

I confirm that the firm holds the authorisation stated in section 2 and the professional indemnity cover stated in section 3, that the information given is complete and correct, and that I am authorised to sign on behalf of the firm. I undertake to tell FDI Insurance d.a.c. without delay if the firm's authorisation is varied, suspended or withdrawn, if its professional indemnity cover lapses, or if any of the people named above cease to be employed by the firm. I have read how the information in this form will be used, as set out on the registration page of fdi-insurance.ie.

Signed for and on behalf of the firm

Name in block capitals	Signature	Date

Sending the form

Press the button below to send the completed form to the broker desk, or save it and attach it to Have the professional indemnity schedule ready, and evidence of your authorisation where the c does not publish it.

Email the completed form

or attach it yourself to
broker.desk@fdi-insurance.eu