Network registration form

For a network, alliance or servicing group registering so that its member firms can place business with Insurance d.a.c. under network terms. It records the network's own authorisation and professional inde arrangements, how commission is to be paid, and who administers portal access for the members. Mer placing business under their own authorisation should also complete the firm accreditation form.

1 The network

Legal name of the network *

Trading name, if different

Registered address *

Registration number *

Competent authority *

Firm reference or registration number *

2 How the network is arranged

Member firms place business

- ☐ Under the network's authorisation, as appointed representatives
- ☐ Under their own authorisation, with the network servicing the relationship

Professional indemnity insurance is arranged

- ☐ At network level, covering the members
- ☐ By each member firm separately

Number of member firms *

Number of advisers across the network

Territories covered

3 Professional indemnity insurance held at network level

Leave this section blank if cover is arranged by each member firm.

Insurer

Policy number

Limit of indemnity, any one claim

Limit in the aggregate

Expiry date

4 People we will deal with

Compliance principal for the network *

Email *

Contact for onboarding member firms

Email

Portal administrator *

Email *

> The portal administrator can add and remove member-firm users without coming back to us, which is usually the difference between a network account that stays current and one that does not.

5 Commission and terms

Commission is to be paid

- ☐ To the network
- ☐ To each member firm
- ☐ Split — give the basis below

Basis of any split, and the settlement cycle you work to

6 Member firms to be registered now

Member firms

One per line: firm, registration number, principal contact email. Attach a schedule if the network is larger than this box.

Declaration

I confirm that the network holds the authorisation stated in section 1, that the professional indemnity arrangements described in sections 2 and 3 are in force, and that each member firm listed in section 6 has agreed to be registered with FDI Insurance d.a.c. on the basis set out above. I am authorised to sign on behalf of the network, and I undertake to tell the broker desk without delay if a member firm leaves the network or if its authorisation or cover changes.

Signed for and on behalf of the network

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 Where the network holds the professional indemnity cover, have the schedule ready.

Email the completed form

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