



Unit 1, Knightsbrook Square, Trim, Co. Meath  
Tel: (046) 9481667 Email: [info@optis.ie](mailto:info@optis.ie)

## **Agency Application Form**

Optis Insurances Limited, t/a Optis Insurance, is a wholly owned subsidiary of PIB Group and maintains systems and controls to enable it to comply with its regulatory and legal obligations. This form is designed to assist us in meeting our obligations and professional standards by obtaining pertinent details of your business so that we can perform appropriate vetting and approval before deciding if we will enter into a contractual relationship with you.

This form must be completed by a Director or Senior Compliance Officer of The Company and we advise you that any information given will be treated confidentially.

### **By submitting this form, you confirm and agree that:**

- **You** are applying to become an Agent of Optis Insurance
- **You** will keep Optis Insurance updated with changes to your business and decision makers that are relevant to the agency agreement.
- **You** agree that Optis Insurance is entitled to make relevant enquiries when assessing your suitability for agency status. These could include but are not limited to credit checks, financial due diligence, Companies Registration Office searches, checks with The Central Bank of Ireland, or their equivalents.
- **You** will remain regulated and authorised.
- **You** will comply with all the relevant statutes and codes relating to Insurance Distribution and business operation.
- **You** will from time to time provide updated financial information if requested.

Please note the completion of the application does not commit Optis Insurance to grant an agency. If your application has been successful, we will advise you in writing and send on our Terms of Business Agreement which must be signed prior to us providing the first service to you.

Optis Insurance reserves the right to refuse any application for an Agency without giving any reason or explanation.

### **Completed signed applications should be sent to:**

Optis Insurance Ltd, Unit 1 Knightsbrook Square, Knightsbrook, Trim, County Meath, C15 AN81  
Or e-mail to [info@Optis.ie](mailto:info@Optis.ie)

### **Check list**

To avoid delays, please ensure that you have:

1. Completed sections 1 to 5
2. Enclosed a copy of your last Audited Accounts
3. Enclosed a copy of your current PI Certificate



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### Data Protection

We undertake to comply with the most current Data Protection Regulations in all our dealings with you and your data. We collect data for use by Optis Insurances Ltd and our parent company PIB Group and any subsidiary companies. We use this data to provide insurance and risk services. Your data will be passed on to other insurance providers and credit agencies so that we can fulfil the contract or service. We may use data for other similar purposes, including marketing and communications, but that will only occur if we have your consent or another legal justification for doing so. You have a right at any time to stop us from contacting you for marketing purposes.

### Section 1 – Company details

1.1) Legal name of The Company	
1.1) Trading name of The Company where applicable	
1.2) Your business address	
1.3) Registered address if different	
1.4) Company telephone number	
1.5) Company e-mail address	
1.6) Company website	
1.7) Contact name regarding this application	
1.8) Contact e-mail address regarding this application	
1.10) Contact telephone number regarding this application	
1.11) Central Bank of Ireland reference number	
1.12) Central Bank of Ireland registered on (DD/MM/YYYY)	
1.13) Is The Company part of a group (if YES please provide details)	
1.14) Is The Company a member of any Trade Associations (if YES please list)	
1.15) Details of Professional Indemnity cover	<b>Insurers Renewal Date:</b> <b>Limit of Indemnity:</b> <b>Excess:</b>
1.16) Number of Branches	



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**Section 2 – Legal and Regulatory Information**

2.1) Legal status of The Company:

Sole trader	
Partnership	
Limited company	
Public limited company	
Designated Activity Company	

2.2) If applicable please note your C.R.O number:

2.3) What are the principal activities of The Company?

2.4) What classes or lines of business do you intend to place cover on and what is the estimated premium income you expect to transact via Optis Insurance?

Employers and Public Liability	
Contractors All Risks	
Personal Accident	
Shop Retail	
Office	
Commercial Combined	
Public House/ Restaurant	
Self-Build	
Property Owners	
Professional indemnity	
Company Legal Expenses Protection	
B&B/ Guesthouse	
Real estate	
Legal Expenses	

2.5) In what country are your clients and their risks located?

2.6) Is The Company partly or wholly owned by another entity?  
(If YES please provide details including percentage of ownership)




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**Section 3 – Company Personnel**

3.1) Please list below details of all Directors. (Please use an additional and separate sheet if required)

Name	Position	Date of Birth	Qualifications	Industry Experience	Years with company

3.2) Does any government official or government employee have any membership or financial interest in The Company? (If YES please give details)


3.3) Who will be responsible for the day-to-day administration of the business placed through Optis? If you have additional branches, please note details for each.

Contact	General Insurance
Name	
Email	
Direct 'phone number	

Contact	Accounts
Name	
Email	
Direct 'phone number	

Contact	Compliance
Name	
Email	
Direct 'phone number	

3.4) Number of Directors:

3.5) Total number of employees:

3.6) Number of administrative staff:

3.7) Number of claims staff:



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3.8) Has the company, or any Directors, Partners, officers, or senior staff:

Been convicted of or charged with a criminal offence other than a minor motoring offence in the past 5 years?	Yes	No
Been found liable for negligence, fraud, or malpractice?	Yes	No
Been disqualified under company law?	Yes	No
Been subject to any application for or declaration of liquidation, receivership, bankruptcy, or similar proceeding?	Yes	No
Entered into any agreement or assignment with creditors or acknowledged insolvency?	Yes	No
Had a licence or authorisation to conduct business refused, suspended, withdrawn, or not renewed?	Yes	No
Been censured, fined, disciplined, suspended, expelled, or refused membership by any industry body?	Yes	No
Had an agency to conduct business on behalf of, or as an intermediary of, any company been withdrawn or rescinded?	Yes	No

3.9) If Yes to any of the above, please provide details (a separate sheet can be used is necessary):


#### Section 4 – Client Money and Financial Information

Please provide the following details for your business’ bank account

Bank name	
Bank address	
Client Premium Account IBAN number	
Accountant Name	
Accountant address	

Optis Insurance allows The Company 30 days credit from the end of the month in which cover is effective for the payment of premiums due. Optis Insurance shall be responsible for the preparation of a statement of account and this statement shall be the basis of the accounting transaction between Optis Insurance and The Company.



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**Section 5 – Other Information**

5.1) Please confirm that The Company processes all data in compliance with the current Data Protection legislation and has a Data Protection Policy, Privacy Notice, and other supporting policies and documentation.

5.2) Please confirm that you have policies and procedures in place to comply with your regulatory and legal obligations.

5.3) Please confirm how you heard about Optis.

**Section 06 – Declaration**

I hereby declare and affirm that I am duly authorised to submit this application and make this declaration on behalf of the Company.

I declare on behalf of the Company that, to the best of my knowledge and belief, the information contained in and attaching to this application is accurate, complete, and up to date.

I acknowledge that, where circumstances cause Optis Insurance to suspect bribery, corruption, or other financial crime in relation to its trading activities with the Company, additional enquiries and due diligence may be undertaken and further steps taken as appropriate including, but not limited to, notification to the relevant authorities, status and credit checks with credit reference agencies and other pertinent background checks.

By signing below, I confirm that I have read and understood the above declaration.

**Signed:** \_\_\_\_\_

Please also print name: \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_