**Company Details**

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| --- |
|  |

Full registered name of company:

|  |  |
| --- | --- |
|  |  |

Company registration number: FCA reference Number:

|  |
| --- |
|  |
|  |
|  |
| Postcode |

Company postal address:

**Contact Details**

|  |  |
| --- | --- |
|  |  |

Name: Position:

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| --- |
|  |

Email address:

|  |
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|  |

Telephone Number:

**Director details:**

|  |  |
| --- | --- |
|  |  |

Name: Position:

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| --- |
|  |

Email address:

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| --- |
|  |

Telephone Number:

**Finance Director/Manager details:**

|  |  |
| --- | --- |
|  |  |

Name: Position:

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| --- |
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Email address:

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| --- |
|  |

Telephone Number:

**Product governance – Fair Value**

To help inform our fair value assessment of the product/s you place through Elmlake MGA Limited, we require information on the remuneration you receive and the services you provide as a part of your role within the distribution chain

As a minimum, and in accordance with PROD 4, we require information regarding:

* The type and amount of remuneration you receive, including in relation to ‘add-ons’
* An explanation of the services you provide as part of the distribution arrangements, and
* Confirmation that any remuneration is consistent with your regulatory obligations

**Your fees/charges**

|  |  |
| --- | --- |
| **Yes** | **No** |

If your remuneration is in the form of a commission, please confirm that any additional fees would be no more than £100.

If no, please provide further information:

|  |
| --- |
|  |

If you are not taking commission but are charging a fee, you are confident the fee represents fair value?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **N/A** |

If no, please provide further information:

|  |
| --- |
|  |

**Premium Finance**

If you offer premium finance to your customers, does this provide fair value?

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **N/A** |

If no, please provide further information:

|  |
| --- |
|  |

**Distribution**

|  |  |
| --- | --- |
| **Yes** | **No** |

Please confirm that you distribute our products direct to insured only (i.e. there is no one else in the distribution chain)

If no, please explain the distribution chain:

|  |
| --- |
|  |

**Advised**

|  |  |
| --- | --- |
| **Yes** | **No** |

Please confirm that the product is being sold on an Advised basis

If no, please provide further information:

|  |
| --- |
|  |

**Add-ons**

Do you sell any ancillary products/activities alongside the product which may affect the products value?

|  |  |
| --- | --- |
| **Yes** | **No** |

If yes, please provide information as to how these additional products affect the products value:

|  |
| --- |
|  |

**Declaration**

I am authorised to provide the information and to make the declarations contained in this application form. It is acknowledged and consented that Elmlake MGA Limited may search the files of credit reference agencies and share personal details with the appropriate regulatory authorities and other insurance companies. By signing the application, you confirm that you have read, understood and agree to the Terms of Business.

**Name of authorised signatory**:

|  |
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|  |

**Signature**

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**Date**: