



Applying to LifeQuote

Thank you for your interest in LifeQuote, part of Direct Life and Pension Services Limited.

LifeQuote's services have been developed to support advisers actively advising on, and arranging, pure protection products including life insurance, critical illness cover and income protection.

We will process business on an **indemnity basis** unless arranged otherwise.

If you wish to apply for access to LifeQuote please complete the application form and return it to:

Agency Department
LifeQuote
Friars House
52A East Street
Chichester
West Sussex
PO19 1JG

On receipt of your application, we will immediately send you access to the system and you can get started.

Within a week, we will complete checks e.g. credit score, Company accounts and FCA status to assess your application and it is standard practice to request a personal guarantee where indemnity commission will be paid to you.

If a personal guarantee is not provided, or in the unlikely event an application is not accepted, we may ask for additional information and/or pay commission on a non-indemnity basis.

If you have any questions please call (01243) 817 908.

LIFEQUOTE APPLICATION FORM

FIRM DETAILS

Firm name as appearing on the FCA Register

Full postal address from which business is conducted **OR** full postal address of the principal place of business

Postcode

Main office telephone number

Main point of contact name

Main point of contact mobile number

Main point of contact email address

REGULATORY DETAILS

If firm is Directly Authorised:

FCA Number

If firm is an Appointed Representative:

Principal name

Principal FCA Number

Firm FCA Number

DETAILS OF BUSINESS WRITERS

Name	Phone No	Email address	iPipeline login (if held)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please use additional copies of this page if there are more than six business writers.

SOLE TRADER, PARTNERS OR DIRECTORS

The following information is required for the sole trader or **all** partners or **all** directors.

Please use additional copies of this page if there are more than three partners or directors.

Title and name

Position in firm Date of Birth

Full home address
Postcode

Title and name

Position in firm Date of Birth

Full home address
Postcode

Title and name

Position in firm Date of Birth

Full home address
Postcode

PROFESSIONAL STANDING

Has the sole trader or **any** partner or **any** director or **any** businesses with which they are or have ever been associated with ever:

- been the subject of a receiving order? Yes No
- entered into an arrangement with creditors? Yes No
- been a director of a company which was wound up other than for purposes of amalgamation or reconstruction? Yes No
- been the subject of a court judgement for outstanding debts? Yes No
- had applications refused by insurance companies or any other institutions? Yes No
- been convicted of criminal offences other than motoring offences? Yes No
- held indemnity commission debts with insurance companies which remained unpaid for at least three months? Yes No

If you have answered Yes to any of the above questions please provide full details on a separate sheet.



COMMISSION

Commission payments are made by BACS. Please provide details of the bank account into which commission should be paid.

Bank name	<input type="text"/>
Branch address	<input type="text"/>
	Postcode
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>

DECLARATIONS

The following is required for the sole trader **or all** partners **or all** directors.

Please use additional copies of this page if there are more than three partners or directors.

I/We hereby apply to be registered with LifeQuote (hereinafter referred to as "the Company") as a user and I/we acknowledge that the Company shall not be obliged on the basis of this application form to accept my/our application. If the Company accepts in principle my/our application then my/our appointment as a user of the Company shall only take effect when both I/we and the Company shall have signed the LifeQuote Intermediary Services Agreement evidencing the details and obligations of the Company and its users.

I/We confirm that the information in this application is accurate and complete to the best of my/our knowledge and belief and that I/we have taken all reasonable steps to ensure that this is the case. I/we will notify the Company immediately if there is a change to the information given in this application.

In assessing my/our application Direct Life & Pension Services Limited may search files made available to it by credit reference agencies who may keep records of such searches.

Signed	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>
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Signed	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>
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Signed	<input type="text"/>	Date	<input type="text"/>
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Name	<input type="text"/>
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