

## Broker Application Form

The following is a list of questions covering the areas that are strategic to Sportscover Europe/ Active Underwriting. The response that you deliver will help to determine the suitability of your services for our business and corporate objectives. Within each question please explicitly answer each point.

### 1. Core Company Information

Full Company Registered Name and Number

Principal office - Full Registered Address

Postcode:

Is this an Appointed Representative?	Yes	No
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Who is the principal?  
*If yes to the above. The TOBA when issued will be in the name of the principal.*

Please list any other registered entities, including Appointed Representatives or trading names you require to be covered under this TOBA

Full name of the Board of Directors

Ownership – Please provide details of all shareholders in the company (and their stated percentage >20%)

Are you aware of any Shareholders or directors having links to public officials or politically exposed people?	Full Name	Country	Details of exposure
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Name of parent company and/or ultimate owner if different to the Broker named in the application form

Current Capacity/Insurers used

## 2. Regulatory

Please provide details of who you are regulated by?

Please provide your FCA number

Permitted to hold Client Money?	Yes	No
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Any known conflict of interests that we should be aware of that may have an impact on the Business transacted between us?

Can you confirm whether you have a post-Brexit solution to continue placing EU risks?

*If you have an EU intermediary within your group, please provide their details.*

## 3. Target Markets

Please provide an estimate of existing GWP within Sport & Leisure Markets £

Please provide key Sports and Leisure areas of expertise	Sport Premium Split %	Leisure Premium Split %
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## 4. Broker contact information

Compliance Contact Name

Position / Title

Compliance Contact Number

Compliance Contact E-mail Address

## 5. Request an accounts contact

Name

Email Address

Phone Number

I confirm that to the best of my knowledge and belief the information contained in this questionnaire and any attachments related to it are correct and unaltered. You are reminded of your obligation to inform Sportscover Europe / Active Risk of any changes to the information provided.

Name

Position

Signature

Date

Please return a copy of the completed form to Sportscover Europe for consideration through your BDM contact [paddy.charlton@sportscoveurope.com](mailto:paddy.charlton@sportscoveurope.com) or [carli.green@sportscoveurope.com](mailto:carli.green@sportscoveurope.com)

**For SCE/ARG use only.**

Does Broker align with SCE/ARG Appetite and Distribution	Yes	No
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Broker Meeting with BDM	Yes	No
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TOBA Issued Date - if Applicable

REG financial and Regulatory checks completed / approved	Yes	No
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Any further checks recommended?	Yes	No
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Approved (Name)

## **Sportscover Europe Limited (Claims) Short Privacy Notice**

### DATA PRIVACY NOTICE

How we use your data:

Sportscover Europe Ltd takes your privacy very seriously and will only use your personal information to administer your account and provide the products and services that you have requested.

This information may include basic contact details such as names, addresses, and policy number, but may also include more detailed personal information about individuals (for example, their age, health, details of assets, claims history) where this is relevant to the claim. We are underwriting, handling claims and providing services on the insurer's behalf and will pass information to our insurers and others as required.

Individuals have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This notice represents a condensed explanation of how we use personal information. For more information, please refer to our Data Privacy notice.

A copy of our full Data Privacy Notice can be obtained by contacting the Data Protection Officer by email at the address below:

Data Protection Officer  
**Sportscover Europe Limited**  
Second Floor  
153 Fenchurch Street  
London  
EC3M 6BB

**Tel:** +44 (0)20 7444 1780  
**Email:** [claims@active-risk.com](mailto:claims@active-risk.com)  
**Web:** [www.sportscovereurope.com](http://www.sportscovereurope.com)

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