

INSURANCE BROKERS BINDING AUTHORITY SUPPLEMENTARY QUESTIONNAIRE

Please read the following questions carefully and answer them all providing additional information where required. Should you require more space please provide answers on a separate sheet of paper.

Answer the question using **BLOCK CAPITALS** and tick boxes where appropriate.

1. PROPOSERS DETAILS

Name of the Proposer(s)

List the nature of Insurers involved with any binding authorities or Coverholder Agreements held by the Proposer

What level of discretion does the Proposer have as regards the settling of terms & conditions?

Does the Proposer have claims handling/settlement authority?

YES

NO

If YES please give full details:

Dates authorities commenced:

Have any authorities/ agreements been cancelled over the last 24 months, and why?

Please provide Net Loss Ratio over the last 3 years for each binding authority held:

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Please give maximum underwriting limits for each class:

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Please provide details of the origins of business accepted, (please tick)

UK	<input type="checkbox"/>
EUROPE	<input type="checkbox"/>
USA / CANADA	<input type="checkbox"/>
ELSEWHERE	<input type="checkbox"/>

Please describe the normal manner in which business is accepted:

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Does the Proposer handle the placing of any reinsurance protection on behalf of those Insurers for whom they accept risks under an binding authority?

YES

NO

If YES please provide full details:

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Does the Proposer have in place any restrictions as to who may accept risks under any binding authority?

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Does the Proposer delegate any binding authority to any third party?

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Please provide total premium income derived from binding authorities for:

Past financial year:	
Current financial year:	
Forthcoming financial year: (estimate)	

Please provide total commission/fees/earnings derived from binding authorities for:

Past financial year:	
Current financial year:	
Forthcoming financial year: (estimate)	

Please provide details of all persons engaged in the acceptance of and binding of risks under the binding authorities:

NAME	AGE	QUALIFICATIONS	POSITION

DECLARATION

I/we declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as is practicable.

I/We understand that failure to disclose any material facts which would influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the possibility in every respect.

I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into.

SIGNATURE

POSITION

NAME

DATE