

COVERHOLDER APPLICATION FORM

LLOYD'S

Stakeholders

Coverholder	
Broker	
Managing Agent	

Company information

Legal name	Start date

Trading name <i>Please add extra fields as appropriate for multiple trading names.</i>	Start date

Registered address			
Address line 1			
Address line 2			
Address line 3			
City / Town			
Country			
State / Province		Postcode/Zip code	

Registration Details			
Local regulator			
Local regulator reference		Year of incorporation	

Trading address			
Address line 1			
Address line 2			
Address line 3			
City / Town			
Country			
State / Province		Postcode/Zip code	

Postal address			
Address line 1			
Address line 2			
Address line 3			
City / Town			
Country			
State / Province		Postcode/Zip code	

Company contact details	
Telephone	
Fax	
Website	
Email	

Would you like to receive emails from Atlas informing you when an update has occurred?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you happy for the email address to appear on the Market Directories on lloyds.com	Yes <input type="checkbox"/> No <input type="checkbox"/>

Coverholder contact details	
Title	
First name	
Last name	
Job title	
Telephone	
Email	

Would you like to be contacted directly by Lloyd's with newsletters and conference invites?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Underwriting and claims

Underwriting authority (please circle)	
Full authority <input type="checkbox"/>	
Pre-determined rates <input type="checkbox"/>	
No discretion <input type="checkbox"/>	
Prior submit <input type="checkbox"/>	
Will the applicant be issuing insurance documentation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Claims authority	
Please state which entity will be handling claims, and enter the name and address of any potential Third Party Administrators to be used for handling claims, and state who shall be responsible for appointing them:	
Are you applying for claims handling authority on behalf of the managing agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes	Is there a segregation of duties / authority between your underwriting and claims departments? If not please explain how the potential conflict of interest is managed.
	Have you ever had a claims authority under a binding authority cancelled by underwriters? If yes please provide details
	Please describe your internal audit and peer review processes to ensure compliance with the terms and conditions of the binding authority in respect of claims handling
	Please summarise the internal claims authority limits that will apply to persons authorised to handle claims, including authority to agree final settlement of claims

Business strategy

Will the applicant be undertaking any non-insurance business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe the applicant's core business activities, including any non-insurance activities:	
Does the coverholder propose to authorise (including through online internet trading systems) any third party (non-employees) to:	
Accept risks on behalf of the applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>
Issue documentation on your behalf	Yes <input type="checkbox"/> No <input type="checkbox"/>
Access your underwriting systems	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes has been answered to any of the above, please provide further information including details of the third party	
Do any of the directors hold directorships in organisations other than the applicant's?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please provide details.	
Please describe the applicant's distribution channel including who the intended insureds are, whether the applicant will be dealing directly with insureds or with other intermediaries and the medium through which this communication will occur (e.g. face-to-face, telephone, internet)?	
Please ensure that a copy of the business / underwriting plan has been attached.	
The plan must include (but is not limited to): Company Profile, Rationale for choosing Lloyd's, Performance Analysis, Territories, Distribution Channels, Key Competitors, Claims Handling Arrangements.	
Business plan attached	<input type="checkbox"/>

Ownership

Please copy table as appropriate for each individual or company.

Please supply details of companies owning a share of the applicant company			
Company trading name			
Registered name			
Country of incorporation			
Start date (dd/mm/yyyy)		Shareholding	%

Please supply details of individuals owning over a 10% share of equity in the applicant company			
Title			
First name			
Last name			
Nationality		Date of Birth (dd/mm/yyyy)	
Start date (dd/mm/yyyy)		Shareholding	%

Where total shareholding recorded above is below 100% please indicate how many shareholders hold the remaining shares. If less than 10 please enter the individuals' details above.

Less than 10

10-20

21-50

50+

Key staff

Please copy and complete this table for each individual

Please provide details of the following staff roles and attach CV/resumes for all individuals. If an individual is not directly employed by the applicant please provide details with the application.

Title	First name	Last name
Date of birth (dd/mm/yyyy)	Nationality	Start date (dd/mm/yyyy)
(Note each person must have at least one role.)		
This is the person responsible for overall operation and control of the Binding Authority Agreement		<input type="checkbox"/>
This is the person authorised to bind insurances, who is named in the Schedule		<input type="checkbox"/>
This is the person with overall responsibility for the issuance of documents evidencing insurances bound, who is named in the Schedule		<input type="checkbox"/>
This is the person authorised to exercise any claims authority granted by the Agreement, who is named in the Schedule		<input type="checkbox"/>
If you have selected both binding and claims authority for this person please explain how the potential conflict of interest will be managed.		
Is this person is directly employed by this coverholder?		Yes <input type="checkbox"/> No <input type="checkbox"/>
CV attached		<input type="checkbox"/>

Reputation and standing

The good reputation, character and financial standing of Lloyd's coverholders and their principal personnel is extremely important. For this reason, you must provide information that may be relevant to your annual compliance review or to Lloyd's decision on your application.

In particular please provide details below if your company or any of your principal personnel have:

Been charged with or convicted of a criminal offence other than a minor motoring offence in the last twelve months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been a party to any legal action, or if any legal proceedings have been commenced to which your company is a party or are any such actions pending in which your company has been named as a defendant in the last twelve months	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been subject to any application for liquidations, receiverships, bankruptcy or similar proceedings or been subject to an administrative order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Entered in to or propose to enter in to an agreement or assignment with creditors or otherwise acknowledge insolvency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been disqualified under company law	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been criticised, fined disciplined, suspended or expelled by any insurance industry, trade association or regulatory body	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had a licence or authorisation to conduct insurance business refused, suspended, withdrawn or not renewed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been asked to resign (other than taking redundancy) or been dismissed from any previous office or employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the space below, please provide any relevant details or enter 'None'.	
(As this information is so important, all the principal personnel should read and approve the information given below.)	

Has the applicant ever had a binding authority or agency agreement from any insurer terminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever applied to be a Lloyd's coverholder before and had the application declined or a previous approval revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes has been answered to either of the questions above please provide details	

Professional indemnity

Please ensure that a copy of the full PI policy wording and separate fidelity policy (if purchased) has been attached. This is mandatory and the application cannot be considered without it.			
Does your professional indemnity (PI) cover Lloyd's binding authorities?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of PI insurer:			
Name			
Start date of cover		Expiry date of cover	
Currency of PI cover			
Limit - individual loss			
Limit - aggregate of losses			
Deductible - individual loss			
Does your policy extend to acts of dishonesty of employees?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, does the coverholder purchase a separate fidelity insurance policy?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered Yes to this question please attach a copy of the policy			
Do you have any additional lines of PI cover?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details of additional lines of cover.			
Number of PI claims made in last five years:			
If one or more claims have been made in the last five years please provide details			
<i>Please add extra fields as appropriate for multiple claims.</i>			
Year	Currency	Amount	Details
PI Policy wordings attached			<input type="checkbox"/>

Financials

These accounts are:	Management accounts <input type="checkbox"/>	Audited / Published <input type="checkbox"/>	
Currency:			
Company legal status:	Inc <input type="checkbox"/>	LLP <input type="checkbox"/>	Other <input type="checkbox"/>
	Ltd <input type="checkbox"/>	Chapter S <input type="checkbox"/>	
Accounting period from (dd/mm/yyyy):		To (dd/mm/yyyy):	
<p>For new applications please submit financial accounts for the last two accounting periods.</p> <p>If the most recent financials are not provided they will be requested before the application is processed.</p> <p>Please ensure that a balance sheet and a profit and loss account has been attached (this should be a projection if the applicant is a start up company).</p>			
Financial information attached			<input type="checkbox"/>

Bank accounts

Do you have separate accounts for insurance and non-insurance monies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have separate accounts for claims monies?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Please explain how insurance and non-insurance monies are managed	

Please copy and complete this table for each bank account

Account details			
Account type	Claims <input type="checkbox"/>	Insurance <input type="checkbox"/>	Other <input type="checkbox"/>
Name of bank			
Account name			
Account number			
Branch sort code			
Is this a trust account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not please explain how the account is set up			
Does the applicant ever sweep money from the premium account to any other account?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes please provide details			
Address of bank			
Address line 1			
Address line 2			
Address line 3			
City / Town			
Country		Postcode / Zip code	
Account signatories			

Systems and controls

Name of the underwriting management system used		
Does the system:		
Record premiums and claims for individual insurance policies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Produce standardised insurance documents complying with Lloyd's and local regulatory requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Produce bordereaux that satisfy managing agents' requirements and regulatory obligations (e.g. tax?)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Maintain accurate credit control systems?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record and monitor risk limits by territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record and monitor premiums against aggregate limits and maintain controls to prevent them being breached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Monitor and report on compliance to policy document issuance service standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'No' has been answered to any of the above please provide details of how the requirements will be met		
Does the applicant host the data on the system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not please provide details of who hosts the data and where it is hosted		
What are the company service standards for entering new risks bound onto the core underwriting systems, and how are these standards monitored?		
What oversight and controls are in place to ensure compliance to the terms and conditions of the binder?- e.g. adherence to limits, individuals authorities, etc.		
Please confirm that the applicant has a complaints procedure and that it complies with all local requirements.		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please confirm that the application has financial crime policies in place covering bribery, sanctions and anti-money laundering in line with local requirements and that staff receive training in these areas.

Yes No

If 'No' has been answered to either question above, please explain how the area is managed

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Does the applicant have arrangements to back up data from all operational systems on a regular basis	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the applicant have technical support available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Does the applicant have arrangements in place to ensure business continuity in the event of loss of access to the main premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'No' has been answered to any of three questions above, please explain how the risk is managed

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Please include copies of all policies and procedures relevant to the questions above.

For applicants applying for authority with discretion (either pre-determined rates (with discretion) or full authority) please provide details of succession plans for key staff

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Licences

For new applications the Coverholder needs to confirm that they have all necessary licenses, permits and other authorisations in all jurisdictions where they are domiciled, trade, provide services or do business under a binding authority. This declaration is made on ATLAS.

SAMPLE

Class of business

Please provide details of the classes of business required for this coverholder:

Currency												
AUD	CAD	DKK	EUR	GBP	HKD	JPY	NOK	ZAR	SEK	CHF	USD	Other <i>(please specify below)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Class of business	Total estimated premium income for		Retail / Wholesale / Both
	Coverholder	Lloyd's	
Accident and health (direct)			
Agriculture & Hail			
Airline			
Airline/General Aviation			
Aviation Products / Airport Liabilities			
Aviation War			
Aviation XL			
BBB / Crime			
Cargo			
Casualty Treaty (non-US)			
Casualty Treaty (US)			
Contingency			
Cyber			
Difference in conditions			
Directors & Officers			
Directors & Officers (non-US)			
Directors & Officers (US)			
Employers Liability			
Employers Liability / WCA (non-US)			
Employers Liability / WCA (US)			
Energy Construction			

Energy Offshore Liability			
Energy Offshore Property			
Energy Onshore Liability			
Energy Onshore Property			
Engineering			
Extended warranty			
Financial Institutions (US)			
Financial Institutions (Non US)			
Fine Art			
General Aviation			
Legal Expenses			
Livestock & Bloodstock			
Lloyd's Japan			
Marine Hull			
Marine Liability			
Marine War			
Marine XL			
Medical Expenses			
Medical Malpractice			
Motor XL			
NM Casualty Treaty			
NM General Liability (non-US direct)			
NM General Liability (US direct)			
Nuclear			
Overseas Motor			
Pecuniary			
Personal Accident XL			
Political Risks, Credit & Financial Guarantee			
Power Generation			
Professional Indemnity			
Professional Indemnity (non-US)			

Professional Indemnity (US)			
Property (direct and facultative)			
Property Cat XL (Non-US)			
Property Cat XL (US)			
Property D&F (non-US binder)			
Property D&F (non-US open market)			
Property D&F (US binder)			
Property D&F (US open market)			
Property pro rata			
Property Risk XS			
Reinsurance (Worldwide)			
RITC			
Space			
Specie			
Term Life			
Terrorism			
UK Motor			
Yacht			

Details of Lloyd's classes of business and risk codes can be found at: http://www.lloyds.com/the-market/operating-at-lloyds/resources/risk_codes

Is it intended that the binder for this class of business will include consumer products.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Regions

All Lloyd's coverholders have permission to conduct business on behalf of Lloyd's underwriters in their own domicile. Applications for regional extensions must be supplied with extra information to support the request depending on the regions applied for.	
Africa (Licensed/Unlicensed)	
Asia & Pacific (Licensed/Unlicensed)	
Australia	
Canada	
Caribbean (Licensed/Unlicensed)	
Central & South America (Licensed/Unlicensed)	
China	
Europe (Licensed)	
Europe (Unlicensed)	
Hong Kong SAR	
India	
Israel	
Japan	
Labuan	
Malaysia	
Mexico	
Middle East (Licensed/Unlicensed)	
New Zealand	
Singapore	
South Africa	
Switzerland	
U.S.A (Incl. Illinois, Kentucky on Admitted Basis)	
United Arab Emirates	
US Virgin Islands (Admitted Business Only)	
Where relevant please specify which countries within the region the extension is being applied for.	

Coverholder undertaking

The coverholder undertaking forms part of Lloyd's delegated underwriting requirements. The undertaking is designed to formalise the high standards demonstrated by and expected of all coverholders at Lloyd's.

Lloyd's requires all coverholders to sign an undertaking, which reflects the coverholder's relationship with Lloyd's. The undertaking sets out, in clear terms, what Lloyd's expects of coverholders when they deal with their customers, clients, Lloyd's brokers, managing agents and Lloyd's.

Coverholder undertaking attached

Letter of Support attached

Attaching a letter of support is optional as you may also e-mail it directly to the Delegated Authorities Team at coverholders@lloyds.com. If you do attach the letter of support please ensure that document access is restricted to only companies involved in this change.

Sign-off

Coverholder declarations

A. In consideration of Lloyd's assessing our application, we, the applicant, confirm that after conducting reasonable enquiries, the information in this application form is accurate and complete to the best of our knowledge and belief. We acknowledge that if we have provided any false or misleading information in connection with this application, it may lead to the rejection of the application.

B. Data protection - By providing this statement, we confirm that we have read and accepted the terms regarding the use of personal and business-sensitive data as set out in the Data Protection statement available at <http://www.lloyds.com/atlas>. We confirm that we are authorised by our employees or other individuals to provide their personal data as necessary, and to make statements on their behalf. We also confirm that the information provided is true, accurate and up to date as at the time of the application. We will notify Lloyd's if there are any changes in the information given in this application form before the application is approved. We also acknowledge that the information relating to us contained in this application form and any enclosures, and any other information obtained by Lloyd's at any time, may be divulged by Lloyd's for its supervisory purposes.

An original signed 'Coverholder Undertaking' must be received by Lloyd's before an applicant can be approved as a coverholder.

Sponsor's declarations

This statement must be agreed by an authorised person at the Lloyd's broker sponsoring the application, or the managing agent if no Lloyd's broker is involved. Words and terms in bold type in this statement have the meanings given in the Intermediaries Byelaw or the Definitions Byelaw.

We confirm the following:

A. To the best of our knowledge and belief and after conducting appropriate enquiries, we are satisfied that the information contained in this application form is complete and correct.

B. We understand that any false or misleading information provided in this application form may lead to the rejection of this application or the subsequent revocation of the applicant's coverholder status. We also understand that any false or misleading information we provide may be reported to the appropriate department within Lloyd's and may affect our position as an accredited Lloyd's broker (or

our ability, as a managing agent, to sponsor coverholder applications). It may also lead to Lloyd's taking action against us.

C. We will notify the Delegated Authorities Department at Lloyd's, and the Lloyd's managing agent of the lead syndicate, of any material changes, that are brought to our attention.

D. We will notify the Delegated Authorities Department at Lloyd's of any known circumstance that may call into question the applicant's ongoing suitability to be a coverholder.

E. Data protection - By providing this statement, we confirm that we have read and accepted the terms regarding the use of personal and business-sensitive data as set out in the Data Protection statement available at <http://www.lloyds.com/atlas>.

Managing agent's declaration

This declaration must be signed by an authorised person of the managing agent that proposes to enter into a binding authority contract with the applicant. Words and terms in bold type in this undertaking have the meanings given in the Intermediaries Byelaw or the Definitions Byelaw.

We, the Lloyd's managing agent, confirm the following:

- We have assessed the applicant in accordance with the managing agent's code of practice for delegated underwriting.
- To the best of our knowledge and belief, the applicant is suitable to be an approved coverholder.
- We support this application and intend to enter into a binding authority with the applicant.
- We have taken all reasonable steps to make sure that the applicant complies with all relevant local insurance, fiscal and taxation laws, regulations and requirements of the jurisdiction in which the applicant is domiciled, or in which the applicant intends to trade, provide services or do business, in respect of any binding authority entered into with us.
- We will notify the Delegated Authorities Department at Lloyd's about any known circumstance that may call into question the applicant's ongoing suitability to be a coverholder.
- We confirm that we have read and accepted the terms regarding the use of personal and business-sensitive data as set out in the Data Protection statement available at <http://www.lloyds.com/atlas>.

Underwriting declaration The underwriting director (or authorised deputy) has reviewed the underwriting plan and key underwriting staff and is satisfied that business will be written in a proficient manner, with appropriate ratings and conditions applied. This proposal will also conform to the underwriting rationale and standards agreed by Underwriting Performance as part of the annual business plan process (SBF). It is also confirmed that the proposed estimated premium income and projected loss ratios for this application are in accordance with the SBF.

Financial declaration The finance director (or authorised deputy) has reviewed the financial statements of the prospective coverholder and is satisfied that they have adequate capital and financial resources to support their application.

Claims declaration I / we have reviewed the claims handling procedures of the prospective coverholder and any TPA that may be involved and are satisfied that claims will be handled appropriately and on a timely basis. In particular, I / we can confirm that:

- There are documented claims procedures which include service levels, procurement of third party experts, claims in excess of authorities, and diary systems.
- The underwriting and claims systems of the coverholder and, where applicable, the TPA

- produce bordereaux for paid and outstanding claims and claims expenses.
- The coverholder and, where applicable, the TPA complies with the regulatory requirements relating to claims handling and the retention of claim records in the jurisdictions in which they trade, provide services or do business.
 - Any TPA with whom we contract for the provision of claims handling services in relation to the business of this prospective coverholder maintains in force appropriate E&O coverage.

Coverholder's sign-off		
Position	Name	Date

Sponsor's sign-off		
Position	Name	Date

Managing agent's sign-off		
Position	Name	Date
Finance director		
Claims manager		
Underwriter		
Senior manager		

Please note that all coverholder applications must be submitted via Atlas

The Lloyd's broker or direct dealing managing agent must start the coverholder application on Atlas. Once the application has been started the coverholder can apply for access to that application on Atlas:

For further information on the Lloyd's Delegated Authorities Team and Lloyd's coverholders please see <http://www.lloyds.com/The-Market/I-am-a/delegated-authority>