

# OPEN MARKET CORRESPONDENT CANADA – ADDITIONAL INFORMATION FOR APPLICATION

## ATTACHING TO AND FORMING PART OF APPLICATION FOR:

Short description of the insurance background of the firm's principal(s)

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### Key staff

	Name	Email
Principal of Organization		
Compliance Officer		
Underwriting Manager		
Claims Manager		

1. Overall volume of business generated by your firm:

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2. Type of business to be written at Lloyd's:

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3. Retail (doing business with the public)  Wholesale

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4. We ask that you to confirm your firm will comply with the rules and regulations contained in the Crystal tool, accessible through the Lloyd's website ([www.lloyds.com](http://www.lloyds.com)). Please check to confirm your agreement

### References

1. Names / Titles (i.e Compliance officer, Marketing Manager) / telephone nos. / email address of two insurer references (Please advise these sources that they will be contacted).

Name of Insurer  
Individual/Title  
Telephone Number  
Email

Name of Insurer  
Individual/Title  
Telephone Number  
Email

2. Name(s) of other insurers with which business is placed by your firm:

A. \_\_\_\_\_

B. \_\_\_\_\_

# OPEN MARKET CORRESPONDENT

## CANADA – ADDITIONAL INFORMATION FOR APPLICATION

**Authorized Homeworker(s):** Yes  No

If yes, please confirm the following: The individual named below is an Authorised Homeworker and we have robust safeguards and procedures to ensure the following;

Name(s):

1. Risks written by the homeworker have proper oversight on a regular basis
2. There is an appropriate system backup (BCP) linked to the main offices to ensure data is not lost should an unforeseen event occur
3. Hardcopy files retained in the homeworker's office also have a mirror copy held in the main office
4. Any work-related documents or files (whether electronic or hard copies) stored at the homeworker's office are sufficiently secured and segregated from personal files to meet provincial/ federal privacy legislation.
5. The homeworker uses corporate email accounts, rather than personal accounts at all times when acting in their capacity as an employee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name in block letters:

**Please note that we cannot proceed with your application, until the requested information is received**