



Binding Authority Questionnaire

If the **Proposer** has any authority granted to them by any insurer please state:

- a) the classes of business to which the authority applies
- b) where the clients (policyholders) are based
- c) the names of the subscribing insurers
- d) the date(s) the initial agreements commenced
- e) the premium income derived by the **Proposer** under each of the agreements

Last fully completed financial year	Estimate for current financial year	Forthcoming financial year

- f) the gross commission income earned by the Proposer under each of the agreements

Last fully completed financial year	Estimate for current financial year	Forthcoming financial year

- g) whether the Proposer has the authority to set rates and terms and conditions (please state whether this with full discretion or within guidelines contained within the agreements)
- h) the maximum sum insured/limit of liability permissible under each of the agreements
- i) the 5 year gross loss ratios for each of the agreements
- j) whether the **Proposer** has any authority or a duty to handle the placing of any reinsurance protection on behalf of the subscribing insurers
- k) whether the **Proposer** has any authority to handle or settle claims (please also state whether there are any limitations in such authority- e.g. maximum claim settlement without referral)
- l) where authority is granted to individuals who are not partners or directors of the **Proposer**, the experience of the individuals
- m) whether the **Proposer** delegates their authority to any third party
- n) when the delegated authority agreements were last audited by subscribing insurers and whether the insurer expressed any concerns. If concerns were expressed have these now been resolved to the satisfaction of the insurer?

Declaration

I/We confirm that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the Proposer. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the Policy.

Signature of Principal:

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Name in capital letters (Printed):

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For and/on behalf of the Proposer:

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Date:

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