



# Insurance Brokers

## Binding Authority Questionnaire

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Please note: One form should be completed for each separate Binding Authority held, either existing or past and for which coverage is required.

**1. Are you only able to accept business on rates/terms pre-agreed by insurers?**

Yes                      No

If "No", are all rates agreed on a prior submit basis?

Yes                      No

If "No", please provide full details of the authority held to vary rates/terms within the agreement:

**2. Does the firm have claims handling/settlement authority?**

Yes                      No

If "Yes", please provide full details including any limitations:

**3. Date authority commenced?**

**4. List all Insurers, Lloyd's Syndicates or Reinsurers subscribing to this Authority:**

5. Lis all classes of business authorized under the agreement and state whether Direct or Re-Insurance, together with maximum Underwriting Limits for each class:

Class of Business	Direct or Re-Insurance	Maximum Limits

6. Please provide details of the origins of the business accepted:

- |                               |     |    |
|-------------------------------|-----|----|
| a) UK                         | Yes | No |
| b) Europe                     | Yes | No |
| c) USA/Canada                 | Yes | No |
| d) Elsewhere (Please specify) | Yes | No |

7. Please describe the normal manner in which business is accepted:

8. Does the applicant in its own rights handle the placing of any Reinsurance protection on behalf of those insurers for whom they accept risks under the above agreement?

Yes            No

If "Yes", please provide full details:

**9. Please provide total premium income allocated to this binding authority in respect of:**

- a. Previous year
- b. Last complete year
- c. Forthcoming financial year (estimate)


**10. Please provide total commission/ fees/ earnings derived from this binding authority in respect of:**

- a. Previous year
- b. Last complete year
- c. Forthcoming financial year (estimate)


**11. What training is given to the staff in respect of the Binding Authority?**

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**12. How often is training updated?**

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**13. Is there a formal written set of guidelines in place for the operation of the authority?**

Yes                      No

**14. What measures are in place to ensure guidelines are complied with at all times?**

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- 15. Please provide the following information in respect of all persons engaged in the acceptance and binding of risks under the authority:**

Name	Position (and details of previous experience)

- 16. How often does the Insurer audit the arrangement and review the files?**

- 17. What was the date of the last audit?**

- 18. Were you required to make any changes to the operation of the binding authority following an audit?**

Yes                      No

If "Yes", please provide full details of these changes and the reasons for them:

### **Important**

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

### **DECLARATION**

This questionnaire is intended to be read in conjunction and forms an integral part of the Proposal Form dated:

**Signed:**

**Name of Signatory:**

**Date:**