

SUPPLEMENTARY PROPOSAL FORM FOR UNDERWRITING MANAGERS.

Name Of Insured:

Address of Insured:

Class of Business Underwritten:

1. Who does the Insured underwrite on behalf of and for how long has this been in place?

2. What is the ownership structure of the UMA?

3. Does the principal on behalf of whom they underwrite have any shareholding in the UMA? If so what %?

4. To what limits can the UMA write to?

5. Is there an established set of underwriting guidelines in place? If yes, who sets the underwriting criteria? If no, how are the risks reviewed and underwritten?

6. What are the claims controls? Who sets the claims criteria?

7. How often are both the claims and underwriting process' audited by the principal?

8. How often are both the claims and underwriting process and risks audited by their reinsurers?

9. Are there any findings raised by either of the above and what corrective measures have been put in place to rectify same and prevent reoccurrence?

10. Who has final claims authority?

11. What is the UMA's stance on ex-gratia payments and who has final sign off on these?

12. Who is on the reinsurance program and for how long has this been in place?

13. Does the UMA have a credit rating?

14. What has been the underwriting result for the past 5 years? Losses / Direct / Indirect / Combined?

Specialist Liabilities

15. How is the UMA remunerated? On Premium written or on Overall profitability?

CLAIMS:

(A) Please provide full details of all claims and circumstances notified.

OTHER:

(A) Please supply latest annual audited financials.

DECLARATION

It is declared that after full enquiry and to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured hereby undertakes to inform insurer/s of any alterations to any facts which are or thereby become material before inception of the contract of insurance.

A material fact is understood to be one which would influence the acceptance or assessment of the risk.

Signed

Title

(authorised signatory of the insured)

Company

Date