



**BINDING / DELEGATED AUTHORITY
QUESTIONNAIRE**

1. Date authority(ies) commenced: _____

2. List of participating Insurers:

3. Classes of business underwritten together with maximum limits permitted for each:

4. Is the proposer able to accept risks with exposure outside the UK? **YES/NO**
If **YES** please give details.

5. Does the proposer in their own right handle the placing of any Reinsurance protection on behalf of those Insurers for whom they accepting risks under the above authority(ies)? **YES/NO**
If **YES** please state commission earned in last twelve months in this respect and provide full details.

6. Does the Proposer have full power to accept risks and set premiums without prior reference or referral to Insurers? **YES/NO**

Please give details of limitations applicable



7. Total income:

Authority	Last financial Year	Estimate next financial year	Total Commission/Fee income in last financial year

8. (a) Are there any restrictions in the authority as to who within the Firm may accept risks? **YES/NO**

(b) Does the Firm delegate their authority to any outside Agent, Firm or Organisation? **YES/NO**

9. Please complete the following in respect of all persons engaged in the acceptance and binding of risks under the authority

Name	Position / Authority	Qualifications / Experience

Signed _____ Date _____

on behalf of _____