**Removal of Underwriting Authority on Short Notice V1.0**

***To be completed by the managing agent***

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| **Managing Agent:** |  |  **Product Type:** |  |
| **Broker:** |  |  **Policyholder Type:** |  |
| **Coverholder:** |  |  **Territory:** |  |
| **Coverholder PIN:** |  |  **Product Risk Rating** |  |
| **UMR:** |  |  **Inception/renewal date:** |  |

*Guidance: Please provide sufficient detail when entering product type e.g. homeowners or HNW homeowners not just property, extended warranty for household whiteware not just extended warranty.*

*Policyholder type should be individuals, microenterprises, SMEs, large commercial or insurer or a combination thereof.*

**Notice Period in the contract:**

**Date notice is intended to be given:**

**Date underwriting authority is intended to be removed from:**

***Reason for early removal of underwriting authority***

Please provide a detailed explanation of the circumstances that have led to consideration of the early removal of underwriting authority and the reasons that have driven the decision that it is appropriate to do so.

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***Consideration of the impact on the coverholder***

Please provide your analysis of the impact on the coverholder and an explanation of why this is proportionate in the circumstances.

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***Consideration of the impact on policyholders***

Please provide your analysis of the impact on policyholders and an explanation why any adverse impact is proportionate in the circumstances.

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Please provide an explanation of how you will ensure existing policyholders continue to receive appropriate service including your analysis of the resources (both human and systems) required to provide that service.

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**The decision-making process**

Please provide an explanation of how the decision to remove underwriting authority on short notice was made including which Groups or Committees were involved and where ultimate responsibility for the decision sits. Please include an explanation of whether the Product Oversight Group (or equivalent) had input into the decision.

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Please provide a summary of the Product Oversight Group’s (or equivalent) investigations if they were involved. If you would prefer to attach relevant minutes please indicate that you are doing so and include them with the email when this form is submitted.

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| **Completed by:** |  |
| **Date:** |  |

Please submit this form by email to Coverholders@lloyds.com.

V1.0

**Important** - If an urgent or immediate decision is required the managing agent should additionally contact by email or telephone their Customer Standards Manager and/or a member of the delegated authorities team.