**This form should be provided by the Service Provider (****MA) to the European Delegated Authority Team at** **LloydsEurope.DelegatedAuthority@lloyds.com** **prior to submitting the LIC attestation and Full/Branch Coverholder applications on Atlas.**

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| --- | --- |
| **Coverholder Legal Name** | Enter Coverholder legal name |
| **PIN** | Enter PIN |
| **Coverholder Domicile Country** | Enter domicile of Coverholder |
| **Date Service Provider engaged with LIC** | Enter date the Service Provider engaged with Lloyd’s Insurance Company (LIC) |
| **Expected Inception Date of the CAA** | Enter the date when you expect to incept the Coverholder Appointment Agreement (CAA) with this Coverholder |
| **Lloyd’s Broker** | Enter Lloyd’s Broker’s name. If Service Provider is dealing direct, enter N/A | **Syndicate** | Enter LIC syndicate number and Lloyd’s UWs Syndicate number  |
| **Service Provider** | Enter full Managing Agent name | **Lead Service provider’s line size (%)** | Enter % lead line size |
| **Classes and Risk code** | Enter generic classes being requested and corresponding Risk codes | **Expected Premium Income (€)** | Enter the gross EPI to Lloyd’s |
| **Coverholder Commission (%)** | **Profit commission (if applicable)** | **Retail Broker Commission (if direct to consumer enter N/A) (%)** | **Lloyd’s Broker commission (%)** | **Any additional Acquisition Costs (%)** |
| Enter the Commission proposed to the Coverholder | Enter details of any profit commission proposed to the Coverholder | Enter details of any retail brokerage  | Enter the proposed commission to the Lloyd’s Broker | Enter details of any additional acquisition costs of the business |
| **Expected Gross Loss Ratio (%)** | Enter % gross incurred loss ratio | **Proposed Level of underwriting authority**  | Enter the level of authority being requested |
| **Claims Handling** | Enter details of Claims Handling delegated to the Coverholder | **Complaints Handling** | Enter details on whether the Coverholder will handle complaints  |