

Ongoing Coverholder Oversight (OCO) Attestation

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| **Coverholder Legal Name**  |  |
| **Head Office or** **Compliance PIN** |  |
| **Branch Pins** |  |

I have reviewed our ATLAS record/s of our individual PIN/s and can confirm that the information and the most recent versions of the documentation applicable to our Coverholder Entity (as per the provided **Regional Requirements Matrix**) are up-to date and correct.

I confirm that I have all necessary licenses, permits and other authorisations in all jurisdictions where we are domiciled, trade, provide services or do business under a binding authority.

If I cease or fail to maintain any necessary local or required licences, permits or other authorisations, we will immediately take all appropriate actions and notify Lloyd’s, our sponsor and the Lloyd’s managing agent of the lead syndicate that delegated its authority to us under a binding authority.

**Has any of your Coverholder information changed from what is currently held on Atlas?**

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| **Company Information**  | *No changes / Yes (please list the changes)* |
| **Bank Account**  | *No changes / Yes (please list the changes)* |
| **Ownership**  | *No changes / Yes (please list the changes)* |
| **Reputation and Standing**  | *No changes / Yes (please list the changes)* |
| **Systems and Controls**  | *No changes / Yes (please list the changes)* |

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| Name and position: | Signature: | Date: |