

APPLICATION FOR RECOGNITION AS AN ELIGIBLE BROKER TO REFER BUSINESS TO ATI

DECLARATION

The information contained herein is provided to ATI in order to facilitate the evaluation of a Broker as one eligible to refer business to ATI acting on behalf of clients. The application is considered complete when all other required information is provided. False or misleading statements and information provided to ATI, may result, at ATI's sole discretion, in the removal of the Broker from ATI's list of eligible Brokers.

This form is duly completed and signed and is being submitted along with copies of broker's license, financial statements, professional indemnity insurance policy and the companies' business profile (containing an organization chart and brief CV of key staff).

Please note, if you are registered under ATI's Broker Programme, that your continued registration under ATI's Broker Programme is, of course, contingent on your compliance with the standards for registered brokers published on ATI's website (see ATI's list of brokers).

1. APPLICANT BROKER

1.1 Applicant: Contact Details

Name of Company:

Physical Address

Street:

City:

Country:

Postal Address:

Website Address (if any):

1.2 Applicant : Information

Country of incorporation (Domicile):

Registration Number:

Date of incorporation / establishment:

Legal Status (private, public, other):

Group of which the Applicant forms part (if applicable):

Name(s) and full address(es) of all of Applicant's shareholders with an ownership percentage of > 5% each:

1.2 Applicant : Information

Description of Applicant's business activity(ies):

List of Applicant's subsidiary(ies) and its(their) business activity(ies):

1.3 Applicant: Contact Person

Position:

Title:

First Name:

Last Name:

Telephone Number:

Fax Number:

Email address:

1.4 Applicant's Experience

Number of Years of Experience in the lines of business relevant to ATI (i.e. Political, non-commercial and commercial) insurance business;

An estimate of the total number of clients, the total number of projects and the aggregate amount of cover placed by the Applicant during the period mentioned under 1.4 (i) above;

Number Of Clients:

Number Of Projects:

Aggregate Amount:

Referees I

Title:

Name:

Company Name:

Telephone Number:

Fax Number:

Email:

Referees II

Title:

Name:

Company Name:

Telephone Number:

Fax Number:

Email:

Referees III

Title:

Name:

Company Name:

Telephone Number:

Fax Number:

Email:

2. OTHER RELATIVE INFORMATION**2.1 Other relative information (optional), please specify:****3. ATTACHMENTS****3.1 Attachments**

- ◆ Broker's Licenses / Authorizations
- ◆ Annual Financial Reports / Financial Statements (for the last 3 years)
- ◆ professional indemnity insurance policy
- ◆ The companies' business profile (containing organization chart and brief CV of key staff)

CONFIDENTIALITY / AUTHORISATION FOR LIMITED DISCLOSURE / SIGNATURE

All information contained in this Application will be treated by ATI as confidential material. However, ATI may be required to disclose the documentation or information contained therein, or attached thereto, to its professional advisors, law enforcement or regulatory authorities, and insurance partners as there may be from time to time, and their reinsurers, it being further understood that this information will only be disclosed by ATI on the basis of each recipient(s) acknowledging to observe similar obligations of confidentiality in respect of that information.

The applicant understands and hereby agrees that, by submitting this Application, its Attachments and any additional information to be submitted by the Applicant at a later stage, the Applicant has expressly authorised ATI to disclose the documentation or information contained in the application form in the manner aforementioned.

In addition, the Applicant expressly authorises ATI to contact any business referee listed by the Applicant under section 1.4 above, as well as any other insurers active in ATI's line of business regarding the Applicant's experience and /or track record.

Signed for and on behalf of
(Company name)

Name of Applicant

Position

Signature

Date