# SCHEDULE

This Schedule forms part of and incorporates by reference the ‘Agreement’. For the purposes of interpretation, the contents of this Schedule shall have meaning only as provided for in the Agreement.

|  |  |
| --- | --- |
| **Agreement Number:** |  |
| **Unique Market Reference Number:** |  |
| **The Appointed Coverholder:** |  |
| **Address:** |  |
| The Lloyd’s Broker: |  |
| **Address:** |  |
|  |  |
| AGREEMENT SECTION NUMBER | NARRATIVE |  |  |  |
| **Sub-section 2.1** | period: |
|  | From:  | *{Inception Date}* |  |
|  |  |  |  |  |
|  | To: | *{Expiry Date}* | Both days inclusive, any time zone |
| **Sub-section 3.1** | **the person(s) responsible for the overall operation and control:** |
| **Sub-section 3.2** | **the person(s) authorised to bind insurances:** |
| **Sub-section 3.3** | **the person(s) with overall responsibility for the issuance of documents evidencing insurances bound:** |
| **Sub-section 3.4** | **the person(s) authorised to exercise any claims authority:** |
| **Sub-section 6.1** | other conditions, requirements and/or amendments relating to the operation of the agreement: |
| **Sub-section 7.1** | **authorised class(es) of business and coverage(s):**(subject to the terms, conditions, exclusions and limitations of the Agreement) |
| **Sub-section 8.1.5** | other excluded class(es) of business and coverage(s): |
| **Sub-section 9.1**Sub-section 9.2Sub-section 9.3 | risks located in:insureds domiciled in:territorial limits: |
| **Sub-section 10.1** | maximum limits of liability or sums insured: |
| **Sub-section 11.1** | **basis for the calculation of gross premiums:**\*Full Authority/pre-determined rates/no discretion/prior submit*\*(Delete as applicable)* |
| **Sub-section 11.2** | deductibles and/or excesses: |
| **Sub-section 12.1****Sub-section 12.2** | gross premium income limit:notifiable percentage of the limit not to exceed: |
| **Sub-section 13.1** | period of insurances bound: { } months |
| **Sub-section 13.3** | maximum advance period for inception dates: { } days |
| **Sub-section 16.1** | the appointed coverholder’s commission: |
| **Sub-section 16.2** | profit commission(s): |
| **Sub-section 19.1** | application or proposal forms: |
| **Sub-section 20.1****Sub-section 20.5****Sub-section 20.6.1****Sub-section 20.6.11** | wordings, conditions, clauses, endorsements, warranties and exclusions applicable to insurances bound:format of contract documentation:**details of the company:**Lloyd’s Insurance Company S.A. is a Belgian limited liability company (*société anonyme / naamloze vennootschap*) with its registered office at Bastion Tower, Marsveldplein 5, 1050 Brussels, Belgium and registered with Banque-Carrefour des Entreprises / Kruispuntbank van Ondernemingen under number 682.594.839 RLE (Brussels). It is an insurance company subject to the supervision of the National Bank of Belgium. Its Firm Reference Number(s) and other details can be found on [www.nbb.be](http://www.nbb.be).the name and address to whom the insured should direct all claims: |
| **Sub-section 20.8****Sub-section 20.8.1** | combined certificates:Other Insurers (i.e. not the Company) \*Permitted / Not permitted*\*(Delete as applicable)*(and subject always to the provisions of Sub-section 20.8)identity of other insurers: |
| **Sub-section 20.12** | Manufacturer (delete as appropriate): [The company / The appointed Coverholder / Both]Where both the Company and the Appointed Coverholder are defined as a Manufacturer, they shall apportion the activities as Manufacturer (as defined under the Commission Delegated Regulation (EU) 2017/2358) as below:Activity Party responsible (delete as appropriate)Product Approval Process Company/Appointed CoverholderTarget Market Company/Appointed CoverholderProduct Testing Company/Appointed CoverholderProduct Monitoring & Review Company/Appointed CoverholderDistribution Channels Company/Appointed CoverholderIPID Development Company/Appointed Coverholder  |
| **Sub-section 21.1****Sub-section 21.1.1** | authority to handle and/or settle claims and pursue recoveries: \*Yes / No*\*(Delete as applicable)* procedure for the handling and settlement of claims and pursuing recoveries to replace, amend or supplement section 21:per claim limit of authority: |
| **Sub-section 21.1.6** | names and addresses of adjusters, surveyors, lawyers or other third parties to be instructed by the appointed coverholder: |
| **Sub-section 23.1.2** | risks written reporting interval:\*monthly*\*(unless otherwise agreed by the Company itself on an exceptional basis)* |
|  | maximum number of days for reporting/submission of risks written bordereau(x):{ } days |
| **Sub-section 23.2.1** | basis of monitoring aggregate exposures: |
| **Sub-section 23.2.2** | aggregate reporting interval:\*monthly / quarterly*\*(Delete as applicable)*maximum number of days for reporting/submission of aggregate exposures:{ } days |
| **Sub-section 23.2.3****Sub-section 23.3** | maximum total aggregate limit(s):statistical information required by the company: |
|  | reporting interval(s): \***monthly / quarterly***\*(Delete as applicable)*maximum number of days: { } days |
| **Sub-section 24.2****Sub-section 24.3** | paid premium reporting interval: \*monthly / quarterly*\*(Delete as applicable)*claims bordereaux/reporting (paid and outstanding) to be produced/provided by the appointed coverholder:\*Yes / Noclaims reporting interval: \*monthly *\*(unless otherwise agreed by the Company itself on an exceptional basis)* |
| **Sub-section 24.4** |  maximum period for reporting/submission of bordereaux: { } days |
| **Sub-section 24.6** | maximum period for remittance of settlements: { } days |
| **Sub-section 24.7** | fees and charges to be deducted by the appointed coverholder: |
| **Sub-section 35.5** | **activities of the appointed Coverholder in respect of which the appointed Coverholder processes personal data as a processor on behalf of the company:****{ }****data protection particulars for such activities:****The subject matter and duration of the processing:****{ }****The nature and purpose of the processing:****{ }****The type of personal data being processed:****{ }****The categories of data subjects:**{ } |
| **Sub-section 36.1.1****Sub-section 36.2.2** | number of days’ notice of termination: { } days **name(s) and address(es) of company to whom appointed** **coverholder sends notice of termination:****[add details of managing agent]** |

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| **Agreement Number:** |  |
| **Unique Market Reference Number:** |  |
|  |  |
|  |
| SIGNATURE OF APPOINTED COVERHOLDERThe Agreement is signed on behalf of the Appointed Coverholder as acceptance of the terms and conditions of the Agreement inclusive of any attachments identified in the Schedule. |
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| **Signed and accepted on behalf of the Appointed Coverholder** |
| **Name and Position of Signatory** |
| **Date of Signature** |

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LBS0001

1 January 2019

**APPENDIX**

*Managing Agent to list relevant data fields for the purposes of reporting under Sections 23 and 24.*

**NON-SCHEDULE AGREEMENTS**

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| --- | --- |
| **TAX(ES) PAYABLE BY INSURED AND ADMINISTERED BY INSURERS:** |  |
| **RECORDING, TRANSMITTING AND STORING INFORMATION:** |  |

**INFORMATION**

**ESTIMATED PREMIUM INCOME:**

**SECURITY DETAILS**

|  |  |
| --- | --- |
|  |  |
| **ORDER HEREON:** |  |
| **Basis of Written Lines:** |  |
| **BASIS OF SIGNED LINES:** |  |
| **SIGNING PROVISIONS:** |  |

***N.B. The written lines for the Binding Authority agreement should appear here.***

***The Several Liability clause to be used for each certificate should be specified within the schedule***

**SUBSCRIPTION AGREEMENT**

|  |  |
| --- | --- |
| **SLIP LEADER:** |  |
| **BUREAU LEADER:** |  |
| **SETTLEMENT TERMS:** |  |
| **BASIS OF AGREEMENT TO BINDING AUTHORITY CHANGES:** |  |
| **BINDING AUTHORITY ADMINISTRATION:** |  |
| **BINDING AUTHORITY AGREEMENT PRODUCTION:** |  |
| **BASIS OF CLAIMS AGREEMENT:** |  |
| **CLAIMS AGREEMENT PARTIES:** |  |
| **RULES AND EXTENT OF ANY OTHER DELEGATED CLAIMS AUTHORITY:** |  |
| **EXPERT(S) FEE COLLECTION:** |  |
| **BUREAU ARRANGEMENTS:** |  |
| **SPECIAL ARRANGEMENTS:** |  |

**FISCAL AND REGULATORY**

|  |  |
| --- | --- |
| **TAX PAYABLE BY INSURER(S):** |  |
| **US CLASSIFICATION:** |  |
| **NAIC CODES:** |  |
| **PIN(S):** |  |
| **BINDING AUTHORITY REGISTRATION DATE AND NUMBER:** |  |
| **ALLOCATION OF PREMIUM TO CODING:** |  |
| **REGULATORY CLIENT CLASSIFICATION:** |  |
| **IS THE BUSINESS SUBJECT TO DISTANCE MARKETING DIRECTIVE?:** |  |

**BROKER REMUNERATION AND DEDUCTIONS**

|  |  |
| --- | --- |
| **TOTAL BROKERAGE:** |  |
| **OTHER DEDUCTIONS FROM PREMIUM:** |  |