

TERMS OF BUSINESS AGREEMENT (NON RISK TRANSFER)(LLOYD'S BRUSSELS)

INFORMATION SHEET
[THIS PAGE DOES NOT FORM PART OF THE ADDENDUM]

To assist with the processing of your addendum, please provide the information requested below:

Full legal name of Broker	
CSN Number(s)	
Please confirm that you are FCA authorised	Yes / No
Contact Name	
Contact Telephone Number	
Contact Email Address	

Please now complete the addendum on the next page by:

- Writing in the full legal name of the Broker – unless there has been a change of legal name, this must be identical to the name on the original TOBA
- Sign as shown by one director in the presence of a witness who should sign and complete their details as shown
- Do not insert the date
- When complete send a copy of both pages to lloydsbrussels.toba@lloyds.com

**TERMS OF BUSINESS AGREEMENT (NON RISK TRANSFER)(LLOYD'S BRUSSELS)
ADDENDUM**

An Addendum to the Terms of Business Agreement (Non Risk Transfer)(Lloyd's Brussels) (the **Agreement**) governing the conduct of Insurance Business between:

Lloyd's Insurance Company S.A. (the **Insurer**)

and

(insert name of firm)

_____ (the **Broker**)

(collectively the **Parties** and each of them a **Party**).

The Parties hereby agree that the Agreement is amended by the terms of this Addendum, as follows:

Notwithstanding any terms to the contrary in the Agreement, the Parties agree that the definition of Insurance Business shall be taken to exclude insurances or reinsurances which target European Union policyholders and European Union risks. The Broker will not produce or place any such insurances or reinsurances with the Insurer.

This Addendum takes effect from 1 October 2020.

All other terms, clauses and conditions remain unaltered.

This deed may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all the counterparts shall together constitute the one agreement.

Dated: _____

Executed as a deed by the **Insurer** acting by authorised signatories who are permitted to execute for the Insurer under the laws of Belgium:

By

Name:

Position

Authorised signatory

and

By:

Name:

Position

Authorised signatory

Executed as a deed by the **Broker** acting by a director:

By

(sign here)

Name:

(print name)

Director

In the presence of:

(witness signs here)

Name:

(print name)

Address:

(print address)

Occupation:

(print occupation)
