**Please fill out the below form with as much information as possible**

**Contact Information**

Your Name:

Click or tap here to enter text.

Your role:

Click or tap here to enter text.

Broker/Coverholder name:

Click or tap here to enter text.

Contact email address:

Click or tap here to enter text.

**Opportunity details**

Opportunity name:

Click or tap here to enter text.

What’s the reason the opportunity is coming to market?

Click or tap here to enter text.

What’s the size of the opportunity in GWP?

£XXX

What’s the market size for customer type?

Click or tap here to enter text.

What’s the current held market share?

Click or tap here to enter text.

How many policies are there?

Click or tap here to enter text.

What’s the target market?

Click or tap here to enter text.

What are the products / sections / covers required?

Click or tap here to enter text.

Are there any unique selling points for this opportunity?

Click or tap here to enter text.

What’s the required deal term?

Click or tap here to enter text.

What’s the proposed go live date?

Click or tap to enter a date.

Is the scheme within underwriting appetite?

[ ]  Yes [ ]  No

Is the scheme within an existing reinsurance programme/treaty?

[ ]  Yes [ ]  No

What’s the model? i.e. solus/panel/wholesale/co-insurance (lead, follow)/reinsurance?

Click or tap here to enter text.

What’s the link to the customer group? i.e. affinity group/specialist broker/trade association

Click or tap here to enter text.

Which territories is the business written in?

[ ]  Great Britain [ ]  Channel Islands [ ]  Isle of Man [ ]  Northern Ireland

[ ]  Republic of Ireland [ ]  European Economic Area [ ]  Rest of World

What’s the average turnover of the customer?

£XXXX

What’s the customer turnover range? (min/max)

£XXXX - £XXXX.

If Republic of Ireland (ROI), what’s the minimum turnover of any business to be written?

£XXXX

Is there a requirement for any Property Section or Businesses All Risks to be extended beyond temporary removal outside UK exceeding 90 days?

If yes, please provide further details.

If not on a temporary basis, will this be written FOS (Freedom of Services)/FINC (Financial Interest Clause)/admitted/non-admitted? If so, what’s the proportion of the account?

Click or tap here to enter text.

If inwards reinsurance, will Aviva be contacting the broker/MGA (managing general agent) to allow them to bind cover in our behalf?

[ ]  Yes [ ]  No

What’s the name of the legal entity we’ll be contracting with?

Click or tap here to enter text.

How will the scheme be administered? i.e. manual/software house/B2C (quote and buy by the customer online)

Click or tap here to enter text.

**Existing management**

Is the business proposed managed under an existing facility?

[ ]  Yes [ ]  No

If ‘Yes’, how long has it been established and who’s the incumbent insurer?

Click or tap here to enter text.

What’s the average current monthly referral volumes to your Insurer/supplier under your existing facility?

Click or tap here to enter text.

If an existing facility, what’s the historical performance?

Please provide GWP/Claims/ECR information for the last 3 years, where possible.

Click or tap here to enter text.

What’s the projected growth of the scheme? Include short term and long term growth plans and how you expect to achieve this.

Click or tap here to enter text.

If not an existing facility, how is the scheme expected to develop? If you have a business plan please outline your thoughts here.

Click or tap here to enter text.

Is pricing based on Aviva price or third-party pricing?

[ ]  Aviva [ ]  Third-party

What’s the collections process? i.e. Bordereaux, Xchanging, statement of account

Click or tap here to enter text.

What are your renumeration requirements? i.e. commission, work transfer fees, profit shares, upfront payments

Click or tap here to enter text.

What’s the policy wording required?

[ ]  Aviva standard wording [ ]  Aviva based wording with changes

[ ]  Third-party wording

**Delegated Authority Requirements**

Will there be claims delegation?

[ ]  Yes [ ]  No

Is delegation administration required?

[ ]  Yes [ ]  No

If yes, which elements are delegated?

Click or tap here to enter text.

What’s the level of delegated underwriting authority required?

[ ]  Full discretionary

 [ ]  Non-discretionary

[ ]  No delegation of underwriting authority required

Is delegated authority sub-outsourced to another third party?

[ ]  Yes [ ]  No

Is there a percentage of the business within the Delegated Underwriting Authority (DUA) currently under long-term agreement or rate stability agreement?

[ ]  Yes [ ]  No

If yes, when does it expire and what proportion of the book is under such arrangement?

Click or tap here to enter text.

Is there a DUA(s) already held with Aviva or other insurers? If yes, please provide details

Click or tap here to enter text.

**Next steps**

Please send your completed form to your Aviva Business Development Manager if you have one, if not please send it to ukclschemesonboarding@aviva.com and a member of the Commercial Delegated Authority Development Team will aim to be in touch within 48 hours.

*Nothing in this form shall be legally binding on either party and nothing herein shall obligate Aviva or you to proceed with any transaction or provision of services contemplated between us. Each party reserves the right, in its sole discretion, to terminate any discussions contemplated by this form.*

*By submitting this form, you agree that the information provided is to the best of your knowledge complete and accurate. You agree to promptly notify us if there is a material change to any of the information you provided.*

*The personal data collected on this form will be used in accordance with our Intermediary Privacy Policy to assist you with your Delegated Authority enquiry. You can access the Aviva Intermediary Privacy Policy* [*here*](https://connect.avivab2b.co.uk/privacy-policy/) *if you would like more information about how Aviva use your personal data and your associated rights.*

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