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| --- | --- |
| Access to US Domiciled Business | [Insert date] |

**Member/Assured Name:**

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| **Policy Holder (Name, Country and State)** | **Name of Broker and Country****(Full Address if US Broker)** | **Way policy(ies) will be placed with Skuld:****1. Direct or via non-US broker (with no US broker involved)****2. US broker/US broker further down the chain - Surplus lines****3. US broker/US broker further down the chain - Exempt****marine/industrial insured exemption** | **If no. 2, then please also provide:****a. US broker name and full address****b. US broker licence number****If no. 3, only - for US broker further down the chain, then please also provide:****a. US broker name and full address** |
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|  |  |  |  |

Dated:

Signed by Member/Assured (if not signed by Member must be signed by authorized signatory of Member/Assured)