

COMMERCIAL CONNECT GUARANTEES

Photocopy as many forms as you require, depending on the number of applications you wish to make. Company details can be filled in once and photocopied. On each copy, indicate which insurer you are applying to by ticking the box immediately below. Please note original signature(s) will be required on EACH form.

(Please use BLOCK LETTERS and tick where appropriate.)

I / WE WISH TO APPLY TO:

<input type="checkbox"/>	Allianz Cornhill	<input type="checkbox"/>	Hiscox
<input type="checkbox"/>	Beazley IDL	<input type="checkbox"/>	MMA
<input type="checkbox"/>	DAS	<input type="checkbox"/>	NIG
<input type="checkbox"/>	Fortis	<input type="checkbox"/>	Norwich Union
<input type="checkbox"/>	Groupama		

In consideration of (Insurer) granting an agency
to (your full trading title)
of (your registered address)

Postcode

We jointly and severally undertake that we will duly observe and perform all the terms of your agency appointment. We will indemnify you against any **Loss or Damage including payment of all accounts and other sums or amounts owing under the terms of the said agency.**

This undertaking is irrevocable and we acknowledge that our liability hereunder shall not be affected or discharged by reason or any variation or alteration or indulgence of any kind granted to any party (with or without knowledge or consent) in connection with the above agency appointment.

Dated this day of 20

NAME(S) (PLEASE PRINT NAME IN FULL)

SIGNATURES

In the presence of:

NAME OF WITNESS*

(PLEASE PRINT NAME IN FULL)

SIGNATURE

ADDRESS

Postcode

* The witness should not be another Director or the spouse of a Director

OCCUPATION NOTE This form of Personal Guarantee should be signed by the Directors in their individual capacity and should bear no reference to the name of, or to the position held in, the Company at the point of signature.