This template is intended for senior underwriting managers of coverholders with responsibility for underwriting control of their programs. This template is used to specify the authority limits of individual underwriters and set the parameters for referral to more senior individuals or committees for underwriting sign-off.

We hope that you find this template of use in your capacity pursuit and in running your program operation. If you have any questions or suggestions regarding this template, please send us an email at [support@capacityplace.com](mailto:support@capacityplace.com) or use the chat facility on our website.

A close up of a sign

Description automatically generated

**Underwriting Authority Letter**

|  |  |
| --- | --- |
| **Underwriter:** |  |
| **Effective Date:** |  |
| **End Date:** |  |

**In addition to the limits and special acceptance procedures contained in any binding authority agreements, you are authorised to underwrite the classes of business indicated accordingly:**

|  |  |
| --- | --- |
| **PARAMETER** | **OWN AUTHORITY** |
| **Class:** |  |
| **Domicile of risk:** |  |
| **Jurisdiction:** |  |
| **Maximum LOI / TSI:** |  |
| **Premium per policy:** |  |
| **Maximum producer commission:** |  |
| **Maximum policy period:** |  |
| **Claims history:** |  |
| **Other conditions:** |  |

Any risk outside these authority limits must be [approved by or referred to]:

[Adjust or delete as appropriate]

* An individual underwriter with the necessary authority;
* A [director] of [Company Name]; or
* The underwriting committee; or
* The lead underwriter of the Capacity Provider

A close up of a sign

Description automatically generated**Express Terms**

1. You do not have authority to enter into any capacity agreements with risk carriers (e.g. binding authority agreements, line slips, facultative reinsurance placements, etc.)
2. You do not have authority to sign Terms of Business Agreements (TOBAs) with any other party
3. You do not have authority to agree any fees with producers or brokers outside of commissions
4. This Underwriting Authority letter will be reviewed annually and, based on performance, shall make revisions where necessary.

All other underwriting authorities you may have been given in the past are superseded by this document.

**Non-compliance with your underwriting authority could lead to disciplinary action and dismissal. By signing below, you agree to abide by the restrictions outlined herein as well as the Program Underwriting Guidelines in place as of the Effective Date shown above, or as subsequently revised thereafter.**

**Underwriter:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A close up of a sign

Description automatically generated

*Source markets for your programs quickly and securely*

**Features and Benefits of Capacity Place**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Smart Market Matching**  Your program is relevance-scored against Capacity Providers’ risk appetite to source markets with best fit | **Program Data Room**  Share commercially-sensitive documents through our secure repository where you control who has access | | | **Capacity Tracker**  Keep track of all interested Capacity Providers in one place from initial enquiry though to conclusion |
|  |  | | |  |
| **Wide Range of Carriers**  Reach a broader set of risk carriers including insurers, reinsurers, Lloyd’s underwriters, ILS funds, fronting carriers and PCCs | | **Global Reach**  Expand your prospective markets beyond local contacts with Capacity Providers from across the globe in countries both near and far | **Faster Program Placement**  Comprehensive program listings direct to Capacity Providers generates competitive interest and enables quick decision making | |
|  | |  |  | |
|  | |  |  | |

**Five Steps to Securing Capacity for your Program**

|  |  |  |
| --- | --- | --- |
| **1** | **Create Your Program Listing**   * Complete questionnaire for company profile and program details * Add documents to your Program Data Room and public repository * Specify capacity, financial strength rating and licensing requirements | |
|  | **Get Matched to Capacity Providers**   * Set anonymity options (i.e. hide your identity) * Set confidentiality options (i.e. hide from specific risk carriers) * Your program is matched with relevant Capacity Providers * Interested Capacity Providers contact you to discuss | **2** |
| **3** | **Build Interest with Capacity Providers**   * Discuss your program with prospective Capacity Providers * Participate in Capacity Providers’ due diligence processes | |
|  | **Negotiate and Conclude Contracts**   * Negotiate authorities and limits, wordings, operational processes and commercial terms * Conclude capacity support agreements | **4** |
| **5** | **Start Trading with Capacity Provider(s)**   * Invite risks, issue quotes and policies, collect premiums * Remit premiums and bordereaux to Capacity Providers | |

**Go to CapacityPlace.com to get started**