

## Joint insureds application form

Please complete in black ink

1. We, the companies whose names and registration numbers are listed below, apply to be jointly insured under a single policy.	
Company Name	Registration Number
2. The nominated company	
Company Name	
The policy number (if known):	
3. We agree that:	
<ul><li>a) as joint insureds our obligations under the policy shall be joint and several, notwithstanding any differences in our respective insurable interests;</li><li>b) one of us, the Nominated Company named above, shall administer the policy on our behalf, including without limitation making all applications and declarations, paying all premiums, making compromising and settling claims and dealing with all correspondence;</li><li>c) all payments in respect of claims shall be paid to the Nominated Company, whose receipt shall be a full and final discharge to the Insurer of the amount due.</li></ul>	
Name:	Signed:
For and on Behalf of:	Date:
Name:	Signed:
For and on Behalf of:	Date:
Name:	Signed:
For and on Behalf of:	Date:
Name:	Signed:
For and on Behalf of:	Date:

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Company Registration Number FC033828 FSR Number: 755408 VAT Registration Number GB 542 8734 29

## www.atradius.co.ul

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