

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:

- a) as joint insureds our obligations under the policy shall be joint and several, notwithstanding any differences in our respective insurable interests;
- 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;
- 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.

Name:	<input type="text"/>	Signed:	<input type="text"/>
For and on Behalf of:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Signed:	<input type="text"/>
For and on Behalf of:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Signed:	<input type="text"/>
For and on Behalf of:	<input type="text"/>	Date:	<input type="text"/>
Name:	<input type="text"/>	Signed:	<input type="text"/>
For and on Behalf of:	<input type="text"/>	Date:	<input type="text"/>