APPLICATION FOR AUTHORISATION AS AN ISPV
This document is an extract from Part I of Schedule 1 to the Insurance (Special Purpose Vehicles) Regulations 2015. Whilst care has been taken to ensure the accuracy of the content of this document, the Insurance and Pensions Authority does not accept responsibility for the accuracy of forms submitted.

Declaration of Insurance Manager

To the Supervisor

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(State the name of the company in respect of which this declaration is being made ("the ISPV") and specify the application for authorisation in respect of which this declaration is being made ("this application"). If this application is in respect of a protected cell of a PCC: state the name of that cell and its PCC, and in such case the cell and all the matters relating to its PCC which may affect the cell shall be "the ISPV" for the purposes of this declaration.)

We, being duly authorised by, and on behalf of, the Insurance Manager of the ISPV —

(1)   agree to provide any further information or documents the Supervisor may require in the course of considering this application;

(2)   declare, having made full enquiry into the matters contained in this application, that to the best of our knowledge and belief —

(a)   the documents and information given in relation to the Appendix to this application and otherwise in connection with this application are complete and correct;

(b)   the arrangements of the ISPV proposed in this application will ensure it will, if authorised, comply with the requirements of the Insurance Act 2008 and the Insurance (Special Purpose Vehicles) Regulations 2015 ("the Regulations");

(c)   the Insurance Manager has the necessary knowledge and experience for its role in respect of the ISPV; and

(d)   the Insurance Manager has adequate professional indemnity insurance in respect of the services it proposes to provide to the ISPV; and

(3)   without limiting any other requirement applicable to the ISPV, acknowledge that the ISPV's activities are restricted in accordance with Regulation 5(3) of the Regulations and that any change in the those activity restrictions requires an application to be made to the Supervisor, as referred to in Regulation 6(2) of the Regulations.

Signed for and on behalf of the Insurance Manager of the ISPV:

_____   _____   _____   _____
Signed   Date   Signed   Date

_____   _____
Full name   Full name

_____   _____
Position   Position