Cyber



Additional Reporting Information

Please provide the following information if applicable.

Dual are a MGA and as such are required to report and pay taxes in the same fashion as any Lloyds syndicate. When processing tax schedules on our behalf please apply Lloyds market rules.

| | | | Answer |
|---|--|-----|--------|
| 1 | Does the client have a subsidiary/office located in Spain? | Yes | No |
| | If so, please provide address | | |
| 2 | Does the client have a subsidiary/office located in Italy? | Yes | No |
| | If so, please provide address | | |
| 3 | Does the client have a subsidiary/office located in Portugal? | Yes | No |
| | If so, please provide tax number including ISO code | | |
| 4 | Does the client have a subsidiary/office located in Australia? | Yes | No |
| | If so, please confirm if there is a Australian broker involved in the placement and if applicable confirm name and address of broker | Yes | No |
| | If so, is the insured GST registered? | Yes | No |
| | Please provide registration number if applicable | | |
| | In addition, please ensure state by state breakdown is included in the tax schedule/slip | | |
| 5 | Is the main insured headquartered in Canada? | Yes | No |
| | If so, please confirm if there is a Canadian broker involved in the placement, and if applicable confirm name and address of broker | Yes | No |
| | Please provide Canadian AIF signed within 30 days of inception | | |
| | In addition, please ensure state by state breakdown is included in the tax schedule/slip | | |

| 6 | Does the client have a subsidiary/office located in Canada? | Yes | No |
|---|--|-------------|----|
| | If so, please confirm if there is a Canadian broker involved in the placement, and if applicable confirm name and address of broker | Yes | No |
| | If the above answer is no, Please provide Canadian Excise Tax form completed by the insured within 30 days of inception | | |
| | In addition, please ensure state by state breakdown is included in the tax schedule, | slip | |
| 7 | Is the main insured domiciled in United States? | Yes | No |
| | If so, please confirm if there is a surplus lines broker involved in the placement and applicable confirm name and address of broker along with their license number | f Yes | No |
| | Name: Lice | nse number: | |
| | Address: | | |