## Additional reporting information





## Please provide the following information if applicable.

DUAL is an MGA and as such is required to report and pay taxes in the same fashion as any Lloyd's syndicate. When processing tax schedules on our behalf please apply Lloyd's market rules.

01.	Does the client have a subsidiary/office located in Spain? If so <b>yes</b> , please provide address:	Yes	No
02.	Does the client have a subsidiary/office located in Italy?  If so, please provide address:	Yes	No
03.	Does the client have a subsidiary/office located in Portugal?  If so, please provide tax number including ISO code:	Yes	No
04.	Does the client have a subsidiary/office located in Australia?  If so, please confirm if there is a Australian broker involved in the placement?  If applicable, confirm name and address of broker:	Yes Yes	No No
	If so, is the insured GST registered? Please provide registration number if applicable: In addition, please ensure state by state breakdown is included in the tax schedule/slip.	Yes	No
05.	Is the main insured headquartered in Canada?  If so, please confirm if there is a Canadian broker involved in the placement?  If applicable, confirm name and address of broker:	Yes Yes	No 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.		

06.	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?	Yes	No
	If applicable, confirm name and address of broker:		
	If the above answer is <b>no</b> , 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.		
07.	Is the main insured domiciled in the United States?	Yes	No
	If so, please confirm if there is a surplus lines broker involved in the placement?	Yes	No
	If applicable, confirm name and address of broker along with their license number:		
	Name:		
	Address:		
	License number:		

## Helping you do more

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