



Gallagher Re

Legal Entity Fact Sheet – Gallagher Re Bermuda Ltd

Company Information

Legal entity	Gallagher Re Bermuda Ltd
Parent Company	Gallagher International Holdings (US) Inc., Rolling Meadows, Illinois, USA (Reg.Nb. 4295628)
Registered Address	Wessex House 3rd Floor, 45 Reid Street, Hamilton, Pembroke, Bermuda, HM12
Website	https://www.ajg.com/gallagherre/
Telephone	+44 (0)20 7204 6000
General Email	enquires@gallagherre.com
Country Company Register Search	https://www.gov.bm/department/registrar-companies
Company Type	Exempted Company Limited By Shares
Company No.	41307
Incorporation Date	31/12/2007

Regulator References

Regulator Reference	Bermuda Regulatory Authority (BMA)
Regulator's website	https://www.bma.bm/regulated-entities
Company Type	Broker

Board Membership

Name	Role	Country of Residence
Anthony Melia	Chairman	U.K.
Mikkel Nyquist	Board Members	U.K.
Dirk Spenner	Board Members	U.K.
James Edward Douglas Vickers	Board Members	U.K.

Ownership/Shareholders

Name	Shares	Country
Arthur J. Gallagher & Co.	100%	U.S.A

Attachments

Also attached to this document are details of our:

- **Branch Registration Certificate**
- **Insurance Brokers Permission Certificate**
- **Professional Liability Certificate**



GOVERNMENT OF BERMUDA
Registrar of Companies

The Companies Act 1981

CERTIFICATE OF CHANGE OF NAME

I HEREBY CERTIFY that in accordance with section 10 of the **Companies Act 1981** Willis Re Bermuda Limited by resolution and with the approval of the Registrar of Companies has changed its name and was registered as Gallagher Re Bermuda Limited on the 19th day of January 2022.

Kenneth Joaquin
Registrar of Companies
20th day of January 2022

CERTIFIED TRUE COPY

Lynniece Robinson, on behalf of
Horseshoe Corporate Services Ltd
as Secretary



Registration No: 49272
Incorporation Date: 10th July 2014



Bermuda
The Insurance Act 1978 ("the Act")
Certificate of Registration

Capsicum Reinsurance Brokers Bermuda Limited
The Swan Building
26 Victoria Street
Hamilton

THIS IS TO CERTIFY that, pursuant to Section 10 of the Act, the Bermuda Monetary Authority has duly registered the above-named Company as an

INSURANCE BROKER

effective 25th September 2014

and the Company is authorized to carry on business in that capacity subject to the provisions of the said Act and the conditions set out in Schedule I attached hereto.

Issued this 30th day of September 2014

A handwritten signature in blue ink, appearing to read 'Akilah Wilson', is written over the printed name.

Akilah Wilson
Assistant Director
Bermuda Monetary Authority

SCHEDULE I INSURANCE BROKER

CONDITIONS:

1. *The Bermuda Monetary Authority reserves the right to impose any condition(s), or add, delete, modify or amend any condition(s) imposed, giving seven (7) days notice thereof to the person so registered.*

2. *The Company shall not, without obtaining the prior written approval of the Bermuda Monetary Authority, provide any brokerage services other than the placement of reinsurance business.*

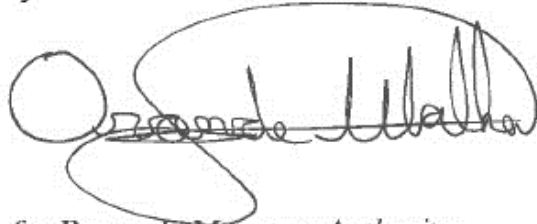


*Assistant Director
Bermuda Monetary Authority*

SCHEDULE II

CHANGE OF ADDRESS:

I do hereby certify that I was notified by the Registrant of the change of the Registrant's business address from "The Swan Building, 26 Victoria Street, Hamilton" to "Overbay, 106 Pitts Bay Road, Pembroke" effective 2 May 2016.

A handwritten signature in black ink, consisting of a large, stylized initial 'S' followed by several vertical strokes and a horizontal line, all enclosed within a large, irregular oval shape.

for Bermuda Monetary Authority

SCHEDULE II(a)

CHANGE OF ADDRESS:

I do hereby certify that I was notified by the Registrant of the change of the Registrant's business address from "Overbay, 106 Pitts Bay Road, Pembroke" to "Belvedere Building, 69 Pitts Bay Road, Pembroke" effective 1 May 2019.

Tanita Faries

for Bermuda Monetary Authority

SCHEDULE III

CHANGE OF NAME:

I do certify that the name of the Registrant has been changed, in accordance with the law, from "Capsicum Reinsurance Brokers Bermuda Limited." to "Gallagher Reinsurance Brokers Bermuda Limited" effective 1st October 2020.

Tamara Faries

Nov 9 2020 12:40 PM

DocuSign

for Bermuda Monetary Authority



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 S Riverside Plaza Ste 1500 Chicago IL 60606	CONTACT NAME: PHONE (A/C No, Ext): 312-704-0100 FAX (A/C, No): 312-803-7443 E-MAIL ADDRESS: certrequests@ajg.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Arthur J Gallagher & Co and its Subsidiaries 2850 West Golf Road Rolling Meadows, IL 60008	INSURER A: Lexington Insurance Company 19437	
	INSURER B: XL Specialty Insurance Company 37885	
	INSURER C: Underwriters at Lloyd's London 15792	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1827789149 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

IN&R LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Errors & Omissions Excess Errors & Omissions Excess Errors & Omissions			014829885 ELU192671-23 FIO121923	10/1/2023 10/1/2023 10/1/2023	10/1/2024 10/1/2024 10/1/2024	Per Claim/Aggregate \$12,000,000 Per Claim/Aggregate \$10,000,000 Per Claim/Aggregate \$13,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage Extends to: Gallagher Re Bermuda Ltd - Wessex House 3rd Floor, 45 Reid Street, Hamilton, Pembroke, Bermuda, HM12

CERTIFICATE HOLDER Evidence of Insurance United States	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 