



## Legal Entity Fact Sheet – Gallagher Re Brazil

### Company Information

Legal entity	Gallagher Re Latin America Corretora de Resseguros Ltda
Ownership	Gallagher Re Brasil Participacoes Ltda. is the sole shareholder of Gallagher Re Latin America Corretora de Resseguros Ltda. Arthur J. Gallagher & Co. is the ultimate beneficial owner
Registered Address	Alameda Santos, nº 415, 10th floor, suites 101 and 102, CEP 01419-913, São Paulo, SP

### Contact Details

Website	<a href="https://www.ajg.com/gallagherre/">https://www.ajg.com/gallagherre/</a>
Telephone	Rio de Janeiro +55 (21) 3993 1341 São Paulo +55 (11) 3294 4040
General Email	info@nordic.se

### Regulator References

Regulator Reference	FIP SUSEP 77747 – Superintendencia de Seguros Privados ("SUSEP")
Regulator's website	<a href="http://novosite.susep.gov.br/">http://novosite.susep.gov.br/</a>
Company Type	Reinsurance mediation
Company No.	CNPJ/MF 09.674.690/0001-39

### Bank Account Details

Bank Name	Branch Code	Account Number	Currency	SWIFT Code	IBAN
Banco Bradesco S.A.	3114	75172-3	BRL	BBDEBRSPSPO	BR4860746948031140000751723C1
Banco Bradesco S.A.	001	14100	USD	BKCOBRSP	BR6611703662000190000014100C1



## Reputation & Standings

To the best of our knowledge none of our principal personnel has:

- Been convicted of a crime involving dishonesty or a breach of trust (nor are any such criminal proceeding pending);
- Been disqualified under company law;
- Been found liable for negligence, fraud, misfeasance (the improper performance of a lawful act) or wrongful trading;
- Been declared insolvent or bankrupt (or similar);
- Been refused membership of any insurance industry body, trade association, or regulatory body, or had their membership withdrawn;
- Been criticised, fined, disciplined, suspended, or expelled by any insurance industry body, trade association or regulatory body;
- Had a licence or authorisation to conduct insurance business suspended, withdrawn or not renewed;
- Been asked to resign (other than taking redundancy) or been dismissed from any previous office or employment.

**Also attached to this document are details of our operating procedures including:**

**Confirmation of Insurance Coverages**

**Fidelity Certificate**

**Professional Indemnity Certificate**

The Walbrook Building  
25 Walbrook  
London  
EC4N 8AW  
Tel: 020 7560 3000  
Fax: 020 7560 3540  
[www.AJG.com/UK](http://www.AJG.com/UK)

**TO WHOM IT MAY CONCERN**

28th September 2021

**Re: Arthur J. Gallagher (UK) Limited – Insurance Coverage**

Dear Sirs

We are the Risk and Insurance Managers for the client below and have pleasure in confirming details of their insurance arrangements as follows:-

**Public and Products Liability Insurance**

Insurer:	Chubb European Group Limited
Policy Number (Primary):	UKCANC81578
Policy Period:	1st October 2021 to 30th September 2022
Indemnity Limit:	Sterling equivalent of USD 25,000,000 combined single limit in respect of all Events happening during any Period of Insurance

**Professional Indemnity**

Insurer:	Lexington Ins Co / XL Specialty Ins Co
Policy Number:	018579282/ELU15171517
Policy Period:	29th September 2021 to 30th September 2022
Indemnity Limit:	USD 22,000,000 each wrongful act and in the aggregate (claims made)

**Employers Liability**

Insurer:	Chubb European Group Limited
Policy Number:	UKCANC81578
Policy Period:	1st October 2021 to 30th September 2022
Indemnity Limit:	GBP 10,000,000 any one Event

**Financial Crime Insurance**

Insurer:	Federal Insurance Company
Policy Number:	81326283
Policy Period:	1st September 2021 to 1st September 2022
Indemnity Limit:	USD 15,000,000 in the aggregate.



Insurance | Risk Management | Consulting

### **Cyber Insurance**

Insurer: AXAXL & AIG  
Policy Number: MTP/903416503/12505866  
Policy Period: 1st May 2021 to 30th April 2022  
Indemnity Limit: USD 20,000,000 in the aggregate.

Additional limits of cover are purchased by the US parent, Arthur J. Gallagher & Co.

Cover is subject to the full terms, conditions and exclusions of the policy.

This document is issued to you as a matter of information only and the issuance of this document does not: -

- i) create any contractual relationship between Arthur J Gallagher (UK) Limited and the recipient
- ii) make the person or organisation to whom it has been issued an additional assured, nor does it modify in any manner the contract of Insurance between the Assured and the Underwriters.

Any amendments, change or extension of such contract can only be effected by specific endorsement attached thereto with the consent of the Assured and the Underwriters.

We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing this information or for any loss, damage, expense hereby occasioned to the recipient of this letter

Should the insurance cover be cancelled assigned or changed in any way during the period of insurance neither we nor insurers accept any obligation to notify any recipient.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'S. Slade', with a long horizontal flourish extending to the right.

**Stephen Slade**  
Account Executive  
Direct dial: +44 (0)207 204 8350  
Email: [stephen\\_slade@ajg.com](mailto:stephen_slade@ajg.com)



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9/7/2021

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.

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 300 S. Riverside Plaza, Suite 1500 Chicago IL 60606	<b>CONTACT NAME:</b> Direct All Inquires via E-mail		
	<b>PHONE (A/C No, Ext):</b> 312-704-0100	<b>FAX (A/C No):</b> 312-803-7443	
	<b>E-MAIL ADDRESS:</b> CertRequests@ajg.com		
	<b>PRODUCER CUSTOMER ID:</b> ARTHJGA113		
<b>INSURED</b> Arthur J. Gallagher & Co. and its subsidiaries The Gallagher Centre 2850 West Golf Road Rolling Meadows IL 60008	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Federal Insurance Company		20281
	<b>INSURER B:</b> Great American Insurance Company		16691
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER: 1392536009

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<b>PROPERTY</b>				<b>BUILDING</b>	\$
	<b>CAUSES OF LOSS</b>	<b>DEDUCTIBLES</b>			<b>PERSONAL PROPERTY</b>	\$
	<b>BASIC</b>	<b>BUILDING</b>			<b>BUSINESS INCOME</b>	\$
	<b>BROAD</b>	<b>CONTENTS</b>			<b>EXTRA EXPENSE</b>	\$
	<b>SPECIAL</b>				<b>RENTAL VALUE</b>	\$
	<b>EARTHQUAKE</b>				<b>BLANKET BUILDING</b>	\$
	<b>WIND</b>				<b>BLANKET PERS PROP</b>	\$
	<b>FLOOD</b>				<b>BLANKET BLDG &amp; PP</b>	\$
						\$
						\$
	<b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>				\$
	<b>CAUSES OF LOSS</b>					\$
	<b>NAMED PERILS</b>	<b>POLICY NUMBER</b>				\$
						\$
A	<input checked="" type="checkbox"/> <b>CRIME</b>	81326283	9/1/2021	9/1/2022	<input checked="" type="checkbox"/> Aggregate	\$ 15,000,000
	<b>TYPE OF POLICY</b>					\$
	<b>F.I. Bond</b>					\$
	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
B	<b>Excess Crime</b>	FS21713801900	9/1/2021	9/1/2022	<input checked="" type="checkbox"/> Aggregate	\$ 15,000,000
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This policy covers the activities of Insured in its capacity as a coverholder underwriting insurance risks as permitted by delegated authorities granted to it by (re)insurers and Lloyd's. This policy covers the activities of Gallagher Re Latin America Corretora de Resseguros Ltda and all subsidiaries and branches in its capacity as coverholder.

## CERTIFICATE HOLDER

Gallagher Re Latin America Corretora de Resseguros Ltda  
Alameda Santos, nº 415, 10th floor, suites 101 and 102  
CEP 01419-913  
São Paulo, SP

## 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/6/2021

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 300 S. Riverside Plaza, Suite 1500 Chicago IL 60606	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No., Ext): 312-704-0100 <b>FAX</b> (A/C, No.): 312-803-7443 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> ARTHJGA113 Arthur J Gallagher & Co 2850 West Golf Road Rolling Meadows, IL 60008	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lexington Insurance Company <b>INSURER B:</b> XL Specialty Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 19437 37885

**COVERAGES****CERTIFICATE NUMBER:** 66812571**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Errors & Omissions Excess Errors & Omissions			016030323 ELU177899-21	9/29/2021 9/29/2021	10/1/2022 10/1/2022	Per Claim/Aggregate \$12,000,000 Per Claim/Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AUTHORIZED REPRESENTATIVE

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**Gallagher Re**