



## Legal Entity Fact Sheet – Willis Re GmbH Netherlands

### Company Information

Legal entity	Willis Re GmbH Netherlands
Registered Address	Hofplein 20, 3032, AC Rotterdam, Netherlands
Website	<a href="https://www.ajg.com/gallagherre/">https://www.ajg.com/gallagherre/</a>
Telephone	+31 (0) 88 543 3000
General Email	<a href="mailto:enquires@gallagherre.com">enquires@gallagherre.com</a>

### Regulator References

Regulator Reference	The Dutch Authority for the Financial Markets (“AFM”)
Regulator’s website	<a href="https://www.afm.nl/">https://www.afm.nl/</a>
Company Type	Insurance and Reinsurance mediation
License Number	12048664

### Attachments

Also attached to this document are details of our:

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

## Business Register extract Netherlands Chamber of Commerce

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CCI number 85327581

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The company / organisation does not want its address details to be used for unsolicited postal advertising or visits from sales representatives.

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### Legal entity

RSIN	863586867
Legal form	Foreign Legal Entity: Gesellschaft mit beschränkter Haftung (GmbH) (Federal Republic of Germany)
Legal Entity Name	Willis Re GmbH
Corporate seat	München
Date of deed of incorporation	02-07-1997
Registered in	München - Handelsregister München, Federal Republic of Germany under number HRB 172690

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### Company

Trade name	Willis Re GmbH
Company start date	26-01-2022
Activities	SBI-code: 6622 - Insurance agents
Employees	6

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### Establishment

Establishment number	000051378892
Trade name	Willis Re GmbH
Visiting address	Fascinatio Boulevard 204, 5e verdieping B, 3065WB Rotterdam
Telephone number	+319142333577
Email address	maarten.ackermans@willistowerswatson.com
Date of incorporation	26-01-2022
Activities	SBI-code: 6622 - Insurance agents For further information on activities, see Dutch extract.
Employees	6

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### Board members

Name	Spenner, Dirk
Date of birth	05-02-1968
Date of entry into office	26-01-2022
Powers	Solely/independently authorised (in accordance with foreign law)

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## Business Register extract Netherlands Chamber of Commerce

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CCI number 85327581

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Name	Melia, Anthony John
Date of birth	17-05-1963
Date of entry into office	26-01-2022
Powers	Solely/independently authorised (in accordance with foreign law)

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### Authorised representative

Name	Ackermans, Maarten
Date of birth	02-06-1983
Date of entry into office	26-01-2022
Title	Branch Representative
Contents of power of attorney	Full power of attorney

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Extract was made on 31-01-2022 at 08.55 hours.



**Amtsgericht München -Registergericht-**

**HRB 172690**

**Amtlicher chronologischer Ausdruck aus dem Registerblatt**

Datum der letzten Eintragung: 01.08.2019

Datum des Abrufs: 12.11.2021

Ort und Tag der Ausstellung: München, den 12. November 2021

Ersteller: Herklotz, Justizangestellter,  
Urkundsbeamter/Urkundsbeamtin der Geschäftsstelle

**Der Ausdruck bezeugt den Inhalt des Handelsregisters.**

**Dieser Ausdruck wird nicht unterschrieben und gilt als beglaubigte Abschrift.**



**Hinweis:**

Alle im Original vorgenommenen Rötungen erscheinen in diesem Ausdruck schwarz.  
Für eine wirksame Löschung ist nur der dazugehörige Lösungsvermerk maßgeblich.

# Versicherungsmakler mit Erlaubnis nach § 34d Abs. 1 GewO

Erlaubnisinhaber	
Registrierungsnummer	D-P4U0-3BMWd-89
Unternehmens- / Firmenname	Willis Re GmbH
Tätigkeitsart	Versicherungsmakler mit Erlaubnis nach § 34d Abs. 1 GewO

Betriebliche Anschrift	
Straße	Arnulfstr. 19
Postleitzahl	80335
Ort	München

Gesetzliche/r Vertreter mit Zuständigkeit für Vermittlertätigkeiten		
Name	Vorname	Funktion
Melia	Anthony John	Zuständiger Geschäftsführer / Vorstand
Spenner	Dirk	Zuständiger Geschäftsführer / Vorstand

Auslandstätigkeit	
<b>Länder ohne Niederlassungen (Dienstleistungsfreiheit)</b>	
Belgien, Bulgarien, Dänemark, Estland, Finnland, Frankreich, Griechenland, Irland, Island, Italien, Kroatien, Lettland, Liechtenstein, Litauen, Luxemburg, Malta, Norwegen (einschl. Svalbard), Polen, Portugal, Rumänien, Schweden, Slowakei, Slowenien, Tschechische Republik, Ungarn, Zypern, Österreich	
<b>Auslandsniederlassungen (Niederlassungsfreiheit)</b>	
Land	Spanien
Unternehmens- / Firmenname	Willis Re GmbH
Straße	Paseo de la Castellana 36-38
Postleitzahl	-
Ort	Madrid
Gesetzlicher Vertreter	Pilar Diaz
Land	Niederlande
Unternehmens- / Firmenname	Willis Re GmbH
Straße	Hofplein 20
Postleitzahl	3032
Ort	AC Rotterdam
Gesetzlicher Vertreter	Gerrit van Emst

Registerbehörde	
Name	IHK für München und Oberbayern
Straße	Max-Joseph-Str. 2
Postleitzahl	80333
Ort	München
Land	Deutschland

Aktualisierung des Vermittlerregisters für Versicherungen vom 10.2.2022



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2022

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> 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>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Lexington Insurance Company		19437
<b>INSURER B:</b> XL Specialty Insurance Company		37885
<b>INSURER C:</b> Underwriters at Lloyd's London		15792
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

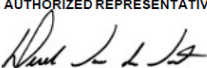
**INSURED** ARTHJGA113  
 Arthur J. Gallagher & Co. and its subsidiaries  
 2850 West Golf Road  
 Rolling Meadows, IL 60008

**COVERAGES** **CERTIFICATE NUMBER:** 299916815 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYVD	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> 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"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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			016030323 ELU177899-21 B1262FI0121921	9/29/2021 9/29/2021 9/29/2021	10/1/2022 10/1/2022 10/1/2022	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 Willis Re entity in Germany, Willis Re GmbH, and all of its branches overseas i.e. Spain and the Netherlands

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

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