# Broker Conflict Attestation Form

**Policy Reference**: medTRANS Insurance Ltd. – Underwriting Guidelines
**Effective Date**: 7/1/25
**Form ID**: 05-05-02

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## Purpose

To affirm that all brokers, consultants, and third-party administrators participating in the underwriting process have adhered to ethical submission practices and have not exerted or attempted to exert inappropriate influence over underwriting decisions.

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## Attestation Statement

By signing this form, I hereby certify the following:

1. **Integrity of Submission**
   All data, documents, and representations submitted to medTRANS Insurance Ltd. for underwriting purposes are accurate to the best of my knowledge and have not been manipulated to influence pricing or eligibility decisions.
2. **Independence of Underwriting Judgment**
   I understand that underwriting decisions at medTRANS are based solely on objective risk data and internal guidelines. I have not attempted to override, circumvent, or pressure any underwriter or staff member.
3. **Disclosure of Prior Communication**
   I have disclosed any previous communication with members of the underwriting, captive strategy, or executive leadership teams that could be interpreted as an attempt to influence outcome.
4. **Acknowledgment of Underwriting Authority**
   I acknowledge that underwriting authority rests exclusively with medTRANS' designated underwriters, the Director of Underwriting, and the Underwriting Committee. I agree to direct any requests for reconsideration or appeals through appropriate, designated channels.

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**Name of Broker/Consultant**: _____
**Firm Name**: _____
**Email**: _____
**Phone**: _____

**Signature**: _____
**Date**: _____