

Financial Adviser Professional Indemnity Insurance Proposal Form 2023

1. Firm name and address

| | | | |
|-----|---|------------------------------|-----------------------------|
| 1.1 | Name of firm, include names or trading styles other than those listed on FCA Register | <input type="text"/> | |
| 1.2 | Address of head office and other relevant locations where sales and advice is provided <i>If more than three (3), please provide separately</i> | <input type="text"/> | |
| 1.3 | Date of establishment | <input type="text"/> | |
| 1.4 | Date of authorisation <i>leave blank if acting as an AR of another firm</i> | <input type="text"/> | |
| 1.5 | Is the firm chartered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.6 | Have any of the firms or related entities (past or present) been wound up/dissolved or in the process of being wound up or have nil assets or dormant? <i>If yes provide details separately?</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. Appointed Representatives (ARs)

| | | | |
|-----|---|------------------------------|-----------------------------|
| 2.1 | Does the firm have any ARs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2 | How many ARs does the firm have <i>Please provide details of Appointed Representatives, past and present. If this information is detailed correctly on the FCA register, disregard this question</i> | <input type="text"/> | |

| Names of appointed representatives | Effective from | Effective to |
|------------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|-----|---|------------------------------|-----------------------------|
| 2.3 | Has the firm ever been an appointed representative of another firm or network | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----|---|------------------------------|-----------------------------|

| Name of Principal Firm | Effective from | Effective to |
|------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

3. Partners/Principals/Directors

3.1 Please provide details of all Directors, Partners or Principals of the Firm.

| Names of Directors, Partners, Principals | Position | Qualifications | Years Qualified | Years with firm |
|--|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Advisers, technical and non-technical staff

| | | |
|------|--|--|
| 4.1 | Number of advisers - employed | <input type="text"/> |
| 4.2 | Number of advisers - self-employed | <input type="text"/> |
| 4.3 | Number of Pension Transfer Specialists (PTS) | <input type="text"/> |
| 4.4 | Number of dedicated mortgage advisers | <input type="text"/> |
| 4.5 | Number of paraplanners and technical staff | <input type="text"/> |
| 4.6 | Number of dedicated compliance staff | <input type="text"/> |
| 4.7 | Number of non-certified support staff | <input type="text"/> |
| 4.8 | Total number of permanent staff in the firm, including self-employed | <input type="text"/> |
| 4.9 | Are self-employed advisers treated as if they are employees with regard to management, supervision, compliance and T&C? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4.10 | Do all advisers hold a Statement of Professional Standing (SPS) issued by an accredited body recognised by the regulator | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4.11 | Are all advisers qualified to the minimum standards required by the regulator | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4.12 | How many employees or partners have been awarded chartered status. | <input type="text"/> |

5. Compliance

5.1 Please list the full details of each member of your compliance staff

| Names of Compliance staff | Position | Qualifications | Years Qualified | Number of years with firm |
|---------------------------|----------------------|----------------------|----------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

5.2 Does the firm use an external compliance firm or consultant Yes ☐ No ☐

5.3 Please provide name of firm, or if an individual provide details of relevant credentials

5.4 When was the specialist firm or consultant appointed?

5.5 Please detail the services provided and regularity of services/visits

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

5.5 How many times per year does the specialist firm visit your offices?

5.6 What proportion of files are checked by the specialist firm or consultant %

5.7 What proportion of files are checked in the following areas of practice

| | |
|--------------------------|------------------------|
| a. investment advice | <input type="text"/> % |
| b. pension advice | <input type="text"/> % |
| c. other areas of advice | <input type="text"/> % |

6. Clients

| | | |
|-----|--|--|
| 6.1 | Total number of current clients | <input type="text"/> |
| 6.2 | Number of clients per adviser | <input type="text"/> |
| 6.3 | How many high net worth clients does the firm have? i.e. £250k net assets or greater (COBS 4.12.6) | <input type="text"/> |
| 6.4 | Do you have a minimum threshold for investable assets before taking on a client? <i>If yes, what is the threshold amount?</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> |
| 6.5 | Does the firm provide advice to people outside of the United Kingdom? <i>If yes, how many and where?</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/> |

7. Income

7.1 List gross consolidated income in the years for all firms to be covered under the proposed policy.

- Please provide at least three (3) years worth of data.
- This should include all brokerage/commission/fee income including trail/renewal commission
- Income should be for the business to be insured, not including activities that will not be insured under this policy, e.g. any unregulated activities, accountancy, legal advice etc.

| | Date of year end | Gross income |
|---|----------------------|------------------------|
| Estimate for the forthcoming Financial Year | <input type="text"/> | £ <input type="text"/> |
| Last Complete Financial Year (LCFY) | <input type="text"/> | £ <input type="text"/> |
| Previous Financial Year | <input type="text"/> | £ <input type="text"/> |
| Previous Financial Year | <input type="text"/> | £ <input type="text"/> |
| Previous Financial Year | <input type="text"/> | £ <input type="text"/> |

7.2 Does the firm provide any services, promote or advise in any area which is not subject to regulation? *If yes, please provide details separately* Yes ☐ No ☐

7.3 What percentage of your income in the last complete FY was from recurring fees/ commission rather than initial, new or transactional fees/commissions %

7.4 What percentage of your investment advice is of a holistic nature? %

7.5 What was the percentage of income derived from Appointed Representatives in last complete FY? %

8. Areas of Advice

8.1 In consideration of the last complete financial year, please provide the approximate split of the total gross income by the following categories

| Category | Advice or sales within past 10 years? | % of income within LCFY |
|---|--|-------------------------|
| i. Pensions | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| ii. Investments | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| iii. Employee Benefits | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| iv. Mortgages/Bridging Loans/Equity Release | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| v. General Insurance | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| vi. Life & Protection (including health) | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| vii. Long-Term Care (LTC) | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| viii. Other (please supply full details) | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="text"/> % |
| Total | | <input type="text"/> % |

- 8.2 What is the total current value of assets under advice or influence ?
- 8.3 Is your advice given on an independent or restricted basis
- 8.4 Does the firm use a risk profiling tool? Yes ☐ No ☐
- 8.5 If yes, which tool do you use?
- 8.6 Is a client's capacity for loss and attitude to risk always evaluated before assessing the suitability of investments? Yes ☐ No ☐
- 8.7 Does the firm allow any variation on an attitude to risk rating at a client's request? Yes ☐ No ☐
- 8.8 Do you ever provide any normally advised services on an insistent client basis? Yes ☐ No ☐
- 8.9 Is COBS 9.5A strictly adhered to when determining and dealing with an insistent client? Yes ☐ No ☐
- 8.10 Have all advisers involved in LTC have passed the Long-Term Care examination (CF8)? Yes ☐ No ☐
- 8.11 If access to funds held within an investment bond is required, do you always ensure that a written chargeable event calculation is obtained from the product provider and provided to the client prior to any surrender, partial or full? Yes ☐ No ☐
- 8.12 If no to 8.12, is the client made aware in writing prior to the surrender, of the tax implications? Yes ☐ No ☐
- 8.13 Have you ever recommended and or arranged for a client to borrow money in order to invest? Yes ☐ No ☐
- 8.14 Does the firm monitor asset class/product type concentration in respect of their clients Pension and Investment portfolios? Yes ☐ No ☐
- 8.15 Does the firm hold the clients written permission on file before rebalancing their portfolios? Yes ☐ No ☐
- 8.16 What maximum thresholds for any single asset class does the firm apply? %
- 8.17 Under what circumstances might you consider exceeding the above permission thresholds?
- 8.18 Can you confirm that at the time of advice/transaction the total of investments placed within property funds does not, or did not previously, account for more than 20% of the clients overall investments or pensions? Yes ☐ No ☐
- 8.19 In terms of total funds under influence, please provide the top three (3) investment funds:

| Investment Fund | Total Client Funds Invested | Number of Investments |
|----------------------|-----------------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 8.20 Approximately, what proportion of business is sold on an execution-only basis? %
- 8.21 Is execution-only business fully documented, including a signed instruction by the client? Yes ☐ No ☐
- 8.22 Have any reviewable whole of life policies ever been arranged/advised upon? Yes ☐ No ☐
- 8.23 If yes to 8.22, how many?
- 8.24 What percentage of these policies have had their premiums reviewed? %

- 8.25 Has the client been made aware, in writing, of any increased premium and/or loss of benefits at the review date? Yes ☐ No ☐
- 8.26 Have any of the entities for whom cover is required under the proposed insurance issued any direct offer financial promotions to clients promoting a particular product (excluding ISA's)? Yes ☐ No ☐
- 8.27 If yes to 8.25, have you disclosed this potential conflict of interest in writing to investors/clients? Yes ☐ No ☐
- 8.28 Does the firm have a centralised investment proposition? Yes ☐ No ☐
- 8.29 Does the firm have an investment committee? Yes ☐ No ☐
- 8.30 Does the firm utilise any external service/s for the purpose of assisting the centralised investment proposition? Yes ☐ No ☐
- 8.31 If yes, what is the name of the firm
- 8.32 Does the firm utilise an external Discretionary Fund Manager(DFM) for their clients? Yes ☐ No ☐
- 8.33 If yes, please name the firm/s
- 8.34 Does the firm hold its own FCA permissions for Discretionary Fund Management? Yes ☐ No ☐

Regarding those investments that are being handled via an external DFM

- 8.35 What is the basis of the agreement 'Agent as Client', 'Reliance on others' or other?
- 8.36 Is your firm responsible for the initial and ongoing suitability of the underlying investment funds? Yes ☐ No ☐
- 8.37 Is your firm responsible for informing the client of any drop of 10% or more in value of investment holdings/portfolio? Yes ☐ No ☐
- 8.38 Please confirm that you have reviewed all terms of business with the DFM and are aware of any other duties that fall on the firm if acting as Agent of the client Yes ☐ No ☐
- 8.39 Has the proposer ever provided advice/services with regards to any pension unlocking, pension busting or any pension liberation scheme? Yes ☐ No ☐

If the firm has advised on or facilitated any of the following products for its clients, please complete the following

| 8.40 Products/Service | Yes | No | No. of cases |
|--|--------------------------|--------------------------|----------------------|
| i. Structured Products (where there is a geared downside) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| ii. Hedge Funds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| iii. Non Mainstream Pooled Investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| iv. Any Investment for Tax Structuring, Planning or Mitigation (excluding ISA's) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| v. Traded Life Policies, Endowments, Viatical Settlements/Life Settlement Products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| vi. Mini-bonds (including where held within an ISA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| vii. Traded Endowment Plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| viii. Exchange Traded Products (synthetic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| ix. Any Geared or Leveraged Investment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| x. Overseas Property Investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| xi. Own Branded Collective Investment Funds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| xii. Pension Fund Trustee Services (including SIPP Trustees) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| xiii. Pension Fund Management Services (including SIPP Management) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| xiv. Pension Fund Administration Services (including SIPP Administration) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

If yes, please provide full details separately including details such as type of product, client status (retail, HNWI, sophisticated, professional etc), date of investment, value of investment as a % of clients total portfolio, original investment value, current value and date of valuation.

- 8.41 Have any of these products been recommended to clients with a caution or balanced attitude to risk? If yes, please provide rationale and details separately Yes ☐ No ☐
- 8.42 Has the HMRC ever indicated that they intend to challenge the tax status of any product arranged on behalf of your client, whether advised on by you or not? If yes, please provide details separately Yes ☐ No ☐
- 8.43 Have any of your clients received an Accelerated Payment Notice (APN) from HMRC? Yes ☐ No ☐

9. Pensions – Defined Benefit Schemes (DB)

- 9.1 Has the firm ever provided advice on / transacted / facilitated Defined Benefit Pension Transfers Yes ☐ No ☐

- 9.2 If answer was 'Yes' to 9.1, please complete the following table

Please complete this section as accurately as possible, as these data points have a direct influence on the premium calculation. It is acceptable to provide an estimate for the number of enquiries where records have not been maintained.

| | Total number of pre-triage enquiries | Number of DBs advised to transfer | Transfers facilitated for insistent clients | Total advised and insistent transfers |
|-------------------------------|--------------------------------------|-----------------------------------|---|---------------------------------------|
| All years prior to April 2015 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 April 2015 to 31 March 2020 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 April 2020 to 31 March 2021 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 April 2021 to 31 March 2022 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1 April 2022 to Present | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 9.3 Does the firm continue to hold the relevant FCA permissions for DB transfers? Yes ☐ No ☐
- 9.4 Please indicate the % of income derived from DB transfers completed in last complete FY %
- 9.5 What is the average value for completed transfers?
- 9.6 What is the DB transfer conversion rate? *The number of completed transfers from pre-triage enquiries* %
- 9.7 What is the largest DB transfer value your firm has facilitated?
- 9.8 Do you advertise or solicit for the purposes of attracting DB transfer business to your firm? Yes ☐ No ☐
- 9.9 Have you advised on any DB transfer below £30,000? Yes ☐ No ☐
- 9.10 If yes, please indicate how many, and if applicable provide further details separately
- 9.11 Do you accept clients from third party introducers for the purpose of DB transfers? Yes ☐ No ☐
- 9.12 Please provide details of introducers that the firm has engaged for this purpose (other than Appointed Representatives).
If there are more than four firms, please provide details separately, ensuring the data is presented in the same format as below

| Name of Introducer firm or person | FCA Authorised? (Yes/No) | Does firm hold transfer permissions? (Yes/No) | Total number of enquiries | Total number of transfers facilitated |
|-----------------------------------|--------------------------|---|---------------------------|---------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 9.13 Do you pay a fee when receiving introductions from third parties? Yes ☐ No ☐

- 9.15 Do you undertake full due diligence on any introducers before entering into an agreement? Yes ☐ No ☐
- 9.16 Does the firm retain clients for on-going advice after an introduced transfer has been completed? Yes ☐ No ☐
- 9.17 If no, how does the firm manage it's continuing its duty of care obligation to those clients
- 9.18 For all cases introduced to you, do you always;
- i) advise on how the transfer proceeds are to be invested? Yes ☐ No ☐
- ii) ensure that the proceeds have been invested as per your recommendation? Yes ☐ No ☐
- 9.19 Do you ever act as an introducer for your clients in respect of DB transfers? Yes ☐ No ☐
- 9.20 If yes, do you receive a fee for introductions? Yes ☐ No ☐
- 9.21 How many DB transfers has the firm facilitated from the British Steel Pension Scheme (BSPS)?
- 9.22 Have any of these cases been subject to redress payment under the s.404 redress scheme? Yes ☐ No ☐

9. Pensions – QROPS/QNUPS

- 9.23 Has the firm ever given advice on a QROPS or QNUPS? Yes ☐ No ☐
If yes, please provide the following details of the work undertaken

| Number of Transfers | Average Transfer Value | Largest Transfer Value |
|----------------------|------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 9.24 Does the firm have any arrangements in place with overseas financial advice firms to assist with the facilitation of these types of transactions? Yes ☐ No ☐
- 9.25 Are clients always advised to seek tax advice in the country of residence before undertaking any transfer via QROPS/QNUPS? Yes ☐ No ☐
- 9.26 Have any QROPS been arranged for a client that has remained a UK resident after the transfer? Yes ☐ No ☐
If yes, please provide details separately

9. Pensions – SIPP and SSAS

- 9.27 Has the firm ever given advice on a SIPP or SSAS? Yes ☐ No ☐
If yes, please provide the following details of the work undertaken in the last ten (10) years

| Number of Transfers | Average Transfer Value | Largest Transfer Value |
|----------------------|------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 9.28 Has the firm ever administered or advised on a SIPP where the clients has invested into products for which no advice or recommendation has been given (including introductions from third parties)? Yes ☐ No ☐
If yes, please provide details separately
- 9.29 Has the firm either administered or advised on a SIPP where the underlying investments were overseas property or an unregulated collective investment scheme? Yes ☐ No ☐
If yes, please provide details separately
- 9.30 With regards to 9.17 and 9.18 above, if answered yes, have any been the subject of a complaint? Yes ☐ No ☐
If yes, please provide details separately

10. Mortgages

- 10.1 In consideration of the last complete financial year please provide the approximate split of the total gross income by the following categories

Mortgage Type

i. Residential mortgages

ii. Equity release

iii. Buy-to-let mortgages

iv. Sales and rent back

v. Sub-prime mortgages

vi. Self-certification mortgages

vii. Bridging finance

viii. Secure loans

ix. Commercial mortgages (other than above)

Total**Advice or sales****within past 10 years?****% of income**Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ %Yes ☐ No ☐ % %

- 10.2 In respect of interest-only mortgages, is the client made aware of the need for a repayment vehicle and that this is always recorded in writing? Yes ☐ No ☐
- 10.3 Does the firm provide confirmation to any lender of the applicants income or the affordability of any self-certification mortgages? Yes ☐ No ☐
- 10.4 If a product with a lower interest rate was available at the time of advising the client, were the reasons for selecting the higher rate product documented and explained to and signed off by the client? Yes ☐ No ☐
- 10.5 Has the firm ever received a data subject access request in relation to any equity release business? *If yes, please provide details separately* Yes ☐ No ☐

10. Equity Release

- 10.6 How many home reversion or lifetime mortgage cases has the firm arranged in the following periods

| | Number of enquiries | Number arranged | Advised against | Incomplete enquiries |
|------------------------------|----------------------|----------------------|----------------------|----------------------|
| Current year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last complete financial year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Previous years | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 10.7 Please indicate the percentage of gross annual income derived from Equity Release in LCFY %
- 10.8 Do all products arranged comply with the Equity Release Council standards? Yes ☐ No ☐
- 10.9 Have you given or will you give advice or arrange the release of funds from property and the subsequent reinvestment of the fund realised, other than in respect of care home fee planning/long term care planning etc? Yes ☐ No ☐
- 10.10 Were all other means of raising the capital/income required by the client investigated prior to making the recommendation to release capital from their property? Yes ☐ No ☐
- 10.11 Were all beneficiaries or dependents approached to be involved in meetings regarding the proposed arrangements? *If yes, please provide details separately* Yes ☐ No ☐
- 10.12 Is a signed declaration held on file for every beneficiary or dependent that will potentially be impacted by the arrangement? Yes ☐ No ☐

- 10.13 Are the reasons for the release of equity been documented fully in each case? Yes ☐ No ☐
- 10.14 Does the firm seek and document evidence for the use of funds released? Yes ☐ No ☐
- 10.15 Does the firm only offer equity release advice as part of an ongoing service agreement?
If yes, please provide details separately Yes ☐ No ☐
- 10.16 Does the firm have a vulnerable client policy (VCP)? Yes ☐ No ☐
- 10.17 If yes, how often is this reviewed? If no, please provide reasons separately
- 10.18 Are all cases peer reviewed by a qualified adviser or compliance representative? Yes ☐ No ☐
- 10.19 Does the firm retrospectively and periodically review advice against its VCP? Yes ☐ No ☐
- 10.20 If yes, how often is this reviewed?
- 10.21 Does the firm take account of the mental capacity of more vulnerable clients and report any suspicious activity such as fraud, financial crime, or manipulation by relatives or third parties? Yes ☐ No ☐

11. General Insurance

- 11.1 In consideration of the last complete financial year please provide the approximate split of the total gross income by the following categories
- | Insurance Type | Advice or sales within past 10 years? | | % of income |
|---|---------------------------------------|-----------------------------|------------------------|
| i. Commercial Property | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| ii. Residential Property | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| iii. Commercial Motor | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| iv. Personal lines (including motor, PPI, non-marine lines) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| v. Marine | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| vi. Aviation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| vii. Reinsurance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> % |
| Total | | | <input type="text"/> % |
- 11.2 Does the firm hold any binding authority or retain cover holder status from an insurance company, Lloyd's underwriter or other insurer or reinsurer? If yes, please provide a detailed list of all binding authorities separately Yes ☐ No ☐
- 11.3 Is the firm a Registered Lloyd's Broker Yes ☐ No ☐
- 11.4 Please provide details of the three (3) largest material damage or (in relation to business premises) the material damage and business interruption combined exposure sums insured that the firm places

| Client | Risk | Sum Insured |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 11.5 Please indicate the three (3) largest limits of liability or limits of indemnity and the product placed by the firm

| Client | Product Placed | Sum Insured |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

- 11.6 Does the firm handle client money and if so, is the firm in compliance with FCA CASS rules? Yes ☐ No ☐

12. Fidelity

- 12.1 Is the Firm authorised to receive/hold/control client monies? Yes ☐ No ☐
- 12.2 If yes, do you keep client monies and client funds in designated and segregated client bank accounts, entirely separate from the firm's own monies? *If no, please provide details separately* Yes ☐ No ☐
- 12.3 Has the firm sustained any loss through dishonesty or fraud of any employee or representative? *If yes please provide details separately* Yes ☐ No ☐
- 12.4 Is the firm aware of any dishonesty or fraud at any time of any present or former Partner, Director, Proprietor, Employee or Representative? *If yes, please provide details separately* Yes ☐ No ☐
- 12.5 Does the Firm always require satisfactory written references (and credit/criminal record checks of advisers(s) when engaging new staff? Yes ☐ No ☐
- 12.6 How often does the firm take their client account to trial balance?
- 12.7 Is any Partner/Director/Employee allowed to sign cheques above £5,000 on their sole signatures? Yes ☐ No ☐
- 12.8 Is any sole Partner/Director/Employee allowed to Transfer client money electronically where the value of such transfer is above £25,000 Yes ☐ No ☐

13. Regulatory engagement

- 13.1 What was the date of your last regulatory visit? *Please supply a copy of the Regulator's report*
- 13.2 Have you been asked by the Regulator to take part in any risk-based monitoring? *If yes, please provide details separately together with a copy of the relevant report* Yes ☐ No ☐
- 13.3 Do you systems fully comply with the Regulators Treating Customers Fairly (TCF) Initiative? Yes ☐ No ☐
- 13.4 Have you had any type of TCF and/or Risk Assessment audit from the Regulator? Yes ☐ No ☐
- 13.5 Have you been asked by the Regulator to undertake any form of past business review (including, but not limited to Section 166 reviews)? *If yes please provide details and copy of relevant correspondence separately* Yes ☐ No ☐

14. Risk management

- 14.1 Is the firm fully compliant with the FCA guidance on Consumer Duty? Yes ☐ No ☐
- 14.2 Do you provide written reviews to all serviced clients annually and comply with all duties provided in your Servicing agreements/Client Agreement proposition? Yes ☐ No ☐
- 14.3 Is there a system in place to ensure any agreed on-going service commitments are made regularly? Yes ☐ No ☐
- 14.4 Do you ever complete application forms on behalf of your clients? Yes ☐ No ☐
- 14.5 If yes, do you ensure that the client signs the form following a thorough review of the content? Yes ☐ No ☐
- 14.6 Do you keep clients records indefinitely? (subject to GDPR compliance) Yes ☐ No ☐
- 14.7 Is the firm fully GDPR compliant? Yes ☐ No ☐

15. Current and Previous Insurance

15.1 Please give details of the current or expiring professional indemnity insurance policy held
(Please disregard this question if currently insured with Inperio)

| | |
|-------------------------------|----------------------|
| i. Limit of Indemnity | <input type="text"/> |
| ii. Excess | <input type="text"/> |
| iii. Premium | <input type="text"/> |
| iv. Insurer | <input type="text"/> |
| v. Renewal Date | <input type="text"/> |
| vi. Period Continuous Insured | <input type="text"/> |

15.2 Are you aware of any previous run-off insurance policy that your firm is or may still be insured under for past liabilities, either as an AR or otherwise for which it may still be entitled to claim against? Yes ☐ No ☐
If yes, please provide details here

| Insurer or Scheme provider | Effective date of insurance | Comments |
|----------------------------|-----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

15.3 Has any proposal for Professional Indemnity Insurance made on behalf of the Firm, or any of the present Partners or Directors or the Proprietor or, to the knowledge of the Firm, on behalf of their Predecessors in Business, ever been declined, or has any such insurance ever been cancelled or renewal refused, or any special premium increase or special terms imposed? Yes ☐ No ☐
If yes, please provide details separately

16. Claims and Circumstances

Please ensure an up to date complaints/claims log separately, even if nil return

16.1 Has any advice or service been provided (including execution only and or non-advised business) where clients have or have had investments (including those within pension holdings) in products where either the Counterparty, Product Provider, Bank, or any other Financial Institution or Fund/Investment is Insolvent, has a known Liquidity Problem, has Suspended Trading or has otherwise Failed or is under investigation by any regulatory authority, including the Police and/or Serious Fraud Office? Yes ☐ No ☐

16.2 If yes to above, has this been notified and accepted under a previous insurance policy? Yes ☐ No ☐

16.3 Is any Partner or Director aware, after enquiry, of any circumstances that are likely to result in any claim (including, but not limited to, any letters of complaint about your services or Data Subject Access Requests) being made against the Firm, or against any of the present or past Partners or Directors or employees or representatives (including Locum's), or against any predecessor in business? Yes ☐ No ☐
If yes, please supply details separately including a summary, dates and the amount(s) involved

16.4 Have any claim or potential claims (including any letters of complaint about your services) been made against the Firm, or against any of the present Partners or Directors or the Proprietor or employees or representatives (including Locum's) of the Firm or, to the knowledge of the Firm, against any of the predecessors in business or any past Directors or Proprietor or employees of the Firm? Yes ☐ No ☐
If yes, please supply details separately including a summary, dates, paid amounts and, if the incident remains outstanding, reserves/amounts outstanding

16.5 Has the Proposer ever been responsible for any Circumstance, Incident or Claim reported to any Professional Indemnity Insurer in the following years Insurance Years

2022 - present Yes ☐ No ☐

2021 - 2022 Yes ☐ No ☐

2020 - 2021 Yes ☐ No ☐

2019 – 2020 Yes ☐ No ☐

2018 – 2019 Yes ☐ No ☐

2017 – 2018 Yes ☐ No ☐

If the answer to any of the above is yes, please provide up to date claims information from those Insurers for all circumstances, incidents or claims reported and any business to which you succeeded.

17. Future Developments or Material Changes

17.1 Do you anticipate purchasing any client banks, or firms in the coming twelve (12) months? Yes ☐ No ☐
If yes, please provide details separately

17.2 Do you anticipate hiring any advisers or new staff in the coming twelve (12) months? Yes ☐ No ☐
If yes, please provide details separately

17.3 Has there been any significant change in the last year or do you expect any other significant change in the coming year? Yes ☐ No ☐

17.4 Is there any other material information that may be relevant to this application? If yes, to either of the above, please provide details separately Yes ☐ No ☐

18. Declaration

By signing this Proposal Form you consent to Inperio (London) Ltd using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any and to process sensitive personal data about you where this is necessary (for example criminal convictions) This may mean we have to give some details to third parties involved in providing insurance cover These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us and to insurers, (which includes their re-insurers, legal advisors, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 2018. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I declare that the Statement and Particulars in this Proposal are true and that I have not mis stated or suppressed any Material Facts. I agree that this Proposal, together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signature of principal:

Print Name

Position/Title:

Date