

# Financial Adviser Professional Indemnity Insurance Proposal Form

## 1. Firm name and address

- i. Name of practice and any other legal or trading names
- ii. Main address of head office and addresses of all other trading offices or where business is transacted
- iii. Date of establishment
- iv. Date of authorisation  
*leave blank if acting as an AR of another firm*
- v. Is the firm chartered? Yes  No
- vi. 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, *If yes provide details separately?* Yes  No

## 2. Authorised Representatives (ARs)

- i. Does the firm have any ARs Yes  No   
*If yes to above, how many ARs does the firm have*

Please provide details of all current Appointed Representatives

Name of appointed representative	Date joined as an AR
<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"/>

- ii. Has the firm ever been an authorised representative of another firm or network *If yes please provide details separately* Yes  No

## 3. Partners/Principals/Directors

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

Names of Directors, Partners, Principals	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"/>
<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

i.	Number of advisers (CF30) employed	<input type="text"/>
ii.	Number of advisers (CF30) self-employed	<input type="text"/>
iii.	Number of Pension Transfer Specialists (PTS)	<input type="text"/>
iv.	Number of dedicated mortgage advisers	<input type="text"/>
v.	Number of paraplanners and technical staff <i>those that are subject to certification</i>	<input type="text"/>
vi.	Number of dedicated compliance staff	<input type="text"/>
vii.	Number of non-certified support staff	<input type="text"/>
viii.	Total number of permanent staff in the firm <i>including self-employed</i>	<input type="text"/>
ix.	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"/>
x.	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"/>
xi.	Are all advisers qualified to the minimum standards required by the regulator	Yes <input type="checkbox"/> No <input type="checkbox"/>
xii.	How many employees or partners have been awarded chartered status.	<input type="text"/>

#### 5. Compliance

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"/>

i.	Does the firm use an external compliance firm or consultant	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If yes, please provide name of firm, or if an individual provide details of relevant credentials</i>	<input type="text"/>
ii.	When was the specialist firm or consultant appointed?	<input type="text"/>
iii.	Please explain to what extent do you rely on their services?	<input type="text"/> <input type="text"/>
iv.	How many times per year does the specialist Firm visit your offices?	<input type="text"/>
v.	What proportion of files are checked by the specialist Firm or consultant	<input type="text"/> %
vi.	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

i.	Total number of current clients	<input type="text"/>
ii.	Number of clients per adviser	<input type="text"/>
iii.	How many clients does the firm have that you would classify as high net worth?	<input type="text"/>
iv.	Do you have a minimum threshold for investable assets before taking on a client? <i>If yes, what is the threshold?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/>
v.	Does the firm provide advice to people outside of the geographic area that they currently operate <i>i.e. greater than 50 mile radius from the location of any trading office</i> <i>If yes, how does the firm facilitate client meetings or face to face engagement?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="text"/> <input type="text"/>

## 7. Income

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"/>

  

i.	Percentage of income derived from defined benefit transfers in LCFY	<input type="text"/> %
ii.	Percentage of income derived from equity release in LCFY	<input type="text"/> %
iii.	Does the firm provide any services, promote or advise in any area which is not subject to regulation? <i>If so please provide details separately</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv.	What percentage of your income in LCFY was of a recurring nature rather than new or transactional	<input type="text"/> %
v.	What percentage of your investment advice is of a holistic nature?	<input type="text"/> %

## 8. Areas of Advice

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

Category	Any advice/sales within past 10 years?		% of income in LCFY
a. Pensions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
b. Investments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
c. Employee Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
d. Mortgages/Bridging Loans/Equity Release	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
e. General Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
f. Life & Protection (including health)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
g. Long-Term Care (LTC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
h. Other (please supply full details)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
<b>Total</b>			<b>100%</b>

Please indicate the number of pensions and investments in the following categories

	Number of individual investments in LCFY	Number of individual investments in the last 10 years
Valued less than £300,000	<input type="text"/>	<input type="text"/>
Valued equal to or greater than £300,000	<input type="text"/>	<input type="text"/>

- i. Is your advice given on an independent or restricted basis Independent  Restricted
- ii. Does the firm use a risk profiling tool? Yes  No   
*If yes, which tool do you use?*
- iii. Is a client's capacity for loss and attitude to risk always evaluated before assessing the suitability of investments? Yes  No
- iv. Does the firm allow any variation on an attitude to risk rating at a client's request? Yes  No
- v. How many clients have been advised on an insistent basis?
- vi. Is COBS 9.5A strictly adhered to when determining and dealing with an insistent client? Yes  No
- vii. Have all advisers involved in LTC have passed the Long-Term Care examination (CF8) Yes  No
- viii. If access to funds held within an investment bond is required, do you always ensure that, for amounts in excess of the cumulative 5% allowance, the money is obtained via a full surrender of the whole bond or clusters, rather than by a partial surrender of the bond? Yes  No
- ix. 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
- x. If 'No' to either of the above two questions, is the client made fully aware in writing prior to the surrender, of the tax implications? Yes  No
- xi. Have you ever recommended and or arranged for a client to borrow money in order to invest? Yes  No
- xii. Does the firm monitor asset class/product type concentration in respect of their clients Pension and Investment portfolios? Yes  No
- xiii. What maximum thresholds for any single asset class does the firm apply?  %
- xiv. Does the insured hold on their file the client permission (e-mail or signed confirmation) before rebalancing clients' portfolios and under what circumstances might you consider exceeding the above permission thresholds?
- xv. 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 investment portfolio (excluding pensions) and/or more than 20% of the client's overall pension portfolio? Yes  No

In terms of total funds currently under management, 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"/>

- xvi. Approximately, what proportion of business is sold on an execution-only basis?  %
- xvii. Is any execution-only business fully documented, including a signed instruction by the client and recorded on file? Yes  No
- xviii. Have any reviewable whole of life policies ever been arranged/advised upon? Yes  No   
*If yes, how many?*
- xix. what percentage of these policies have had their premiums reviewed?  %

- xx. Has the client been made aware, in writing, of any increased premium and/or loss of benefits at the review date? Yes  No
- xxi. Please advise whether if any of the entities for whom cover is required under the proposed insurance policy has issued any direct offer financial promotions to clients promoting a particular product (excluding ISA's)?  
If yes, please provide details on a separate sheet  
If 'Yes', have you disclosed this potential conflict of interest in writing to investors/clients? Yes  No
- xxii. Does the firm have a centralised investment proposition?  
Does the firm have an investment committee? Yes  No
- xxiii. Does the firm utilise any external service/s for the purpose of assisting the centralised investment proposition? Yes  No   
If yes, who?
- xxiv. Does the firm utilise/recommend an external DFM for their clients? Yes  No   
If yes, who?
- xxv. Does the firm have its own DFM? Yes  No   
If yes please provide details separately

**Regarding those investments that are being handled via an external DFM**

- xxvi. Who is the agent of the client? Adviser  Investor
- xxvii. Is your firm responsible for the initial and ongoing suitability of the underlying investment funds? Yes  No
- xxviii. Is your firm responsible for informing the client of any drop of 10% or more in value of investment holdings/portfolio? Yes  No
- xxix. 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 as the client? Yes  No
- xxx. 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 provided services in respect of, advised on or facilitated any of the following for its clients, please complete the following

**Products/Service**

**Number of cases**

Structured Products (where there is a geared downside)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Hedge Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Non Mainstream Pooled Investments	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Any Investment for Tax Structuring, Planning or Mitigation (excluding ISA's)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Traded Life Policies, Endowments, Viatical Settlements/Life Settlement Products	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Speculative mini-bonds (including where held within an ISA)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Traded Endowment Plans	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Exchange Traded Products (synthetic)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Any Geared or Leveraged Investment	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Overseas Property Investments	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Own Branded Collective Investment Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Pension Fund Trustee Services (including SIPP Trustees)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Pension Fund Management Services (including SIPP Management)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Pension Fund Administration Services (including SIPP Administration)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

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

- xxxi. 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
- xxxii. 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
- xxxiii. Have any of your clients received an Accelerated Payment Notice (APN) from HMRC? Yes  No

## 8. a) Pensions– Defined Benefit Transfers (DBT)

- i. Has the firm ever provided advice on / transacted / facilitated in any way Defined Benefit Pension Transfers?  
*If yes, please complete the following table* Yes  No

Please provide details of all cases as follows,

	Number of enquiries	Number advised to transfer	Number advised not to transfer	Incomplete enquiries
Before April 2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2015 to 31 March 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2016 to 31 March 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2017 to 31 March 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2018 to 31 March 2019	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2019 to 31 March 2020	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 April 2020 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"/>

- ii. Please indicate the percentage of gross annual income derived from DBT in LCFY  %
- iii. Anticipated % of gross annual income from DBT in the current financial year?  %
- iv. What is the average transfer value since April 2015?
- v. What is the firms actual conversion rate?  %
- vi. What is the largest transfer value your firm has facilitated?
- vii. Do you use marketing or do you solicit for the purposes of attracting DBT business to your firm? Yes  No
- viii. Have you advised on any DBT below £30,000) Yes  No
- ix. If yes, please indicate how many here, and provide further details separately
- x. Have you ever provided DBT advice to clients on an insistent basis? Yes  No
- xi. Was COBS 9.5A strictly adhered to when determining and dealing with these clients? Yes  No
- xii. If yes, how many? (Please provide a detailed summary and rationale of all cases separately)
- xiii. Do you use third party introducers to provide new clients for the purpose of DBT? Yes  No

*If yes, please provide a complete list with the following details (if more than ten (10), please provide details separately)*

Name of Introducer firm or person	FCA Authorised? (Yes/No)	Do they hold pension transfer permissions? (Yes/No)	Total number of transfers facilitated	Total number of enquiries (whether facilitated or not)
<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"/>

- xiv. Were all introducers FCA regulated? (If no, please provide full details separately) Yes  No
- xv. Do you undertake full due diligence on any introducers before entering into an agreement? Yes  No
- xvi. Do you retain introduced clients after a DBT has been facilitated? Yes  No
- xvii. Post-advice, are there adequate processes in place to ensure that the client receives an on-going service either from yourselves or the introducer?  
*Please provide details separately about how you manage this process* Yes  No
- xviii. For all introduced cases, do you always;  
i) advise on how the transfer proceeds are to be invested? and Yes  No   
ii) ensure that the proceeds have been invested as per your recommendation? Yes  No
- xix. What is the highest critical yield the firm has recommended for a client transferring from a Defined Benefit Pension Scheme?

## 8. b) Pensions– QROPS/QNUPS

- i. Has the firm ever given advice on a QROPS or QNUPS? 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"/>
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- ii. 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
- iii. Are clients always advised to seek tax advice in the country of residence before undertaking any transfer via QROPS/QNUPS? Yes  No
- iv. Have any QROPS been arranged for a client that has remained a UK resident after the transfer?  
*If yes please provide details separately* Yes  No

## 8. c) Pensions– SIPP and SSAS

- i. 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"/>
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- ii. 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)?  
*If yes please provide details separately* Yes  No
- iii. Has the firm either administered or advised on a SIPP where the underlying investments were overseas property or an unregulated collective investment scheme?  
*If yes please provide details separately* Yes  No
- iv. If yes, have any of the above been the subject of a complaint?  
*if yes please provide details separately* Yes  No

## 8. d) Mortgages

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

Mortgage Type	Any advice provided within past 10 years?		Percentage
Residential mortgages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Equity release	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Buy-to-let mortgages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Sales and rent back	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Sub-prime mortgages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Self-certification mortgages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Bridging loans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Secure loans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Commercial mortgages (other than above)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
<b>Total</b>			<b>100%</b>

- i. 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
- ii. Do the firm provide confirmation to any lender of the applicants income or the affordability of any self-certification mortgages? Yes  No
- iii. 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?
- iv. 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

## 8. e) Mortgages – Equity Release

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"/>

- i. Please indicate the percentage of gross annual income derived from Equity Release in LCFY  %
- ii. Do all products arranged comply with the Equity Release Council standards? Yes  No
- iii. 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
- iv. 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
- v. Were all beneficiaries or dependents approached to be involved in meetings regarding the proposed arrangements? *If no please provide details separately* Yes  No
- vi. Is a signed declaration held on file for every beneficiary or dependent that will potentially be impacted by the arrangement? Yes  No

- vii. Are the reasons for the release of equity been documented fully in each case? Yes  No
- viii. Does the firm seek and document evidence for the use of funds released? Yes  No
- ix. Does the firm only offer equity release advice as part of an ongoing service agreement?  
If not please provide details separately Yes  No
- x. Does the firm have a vulnerable client policy (VCP)? Yes  No
- xi. If yes, how often is this reviewed?   
*If no please provide details separately*
- xii. Are all cases peer reviewed by an equally or more qualified adviser or compliance representative? Yes  No
- xiii. Does the firm retrospectively and periodically review advice against its VCP?  
*If yes, how often is this reviewed?*
- xiv. 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

## 8. f) General Insurance

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

Insurance Type	Any advice/sales within the last 6 years		Percentage of income
Commercial Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Residential Property	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Commercial Motor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Personal lines (including motor, PPI, non-marine lines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Marine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Aviation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %
Reinsurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/> %

- i. Does the firm hold any binding authority granted by 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
- ii. Is the firm a Registered Lloyd's Broker Yes  No

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"/>

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"/>

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

## 9. Fidelity

- i. Is the Firm authorised to receive/hold/control client monies? Yes  No
- ii. 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
- iii. Has the firm sustained any loss through dishonesty or fraud of any employee or representative?  
*If yes please provide details separately* Yes  No
- iv. 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
- v. Does the Firm always require satisfactory written references (and credit/criminal record checks of advisers(s) when engaging new staff? Yes  No
- vi. How often does the firm take their Client account to Trial Balance
- vii. Is any Partner/Director/Employee allowed to sign cheques above £5,000 on their sole signatures? Yes  No
- viii. Is any sole Partner/Director/Employee allowed to Transfer client money electronically where the value of such transfer is above £25,000 Yes  No

## 10. Regulatory engagement

- i. What was the date of your last regulatory visit?  
(Please supply a copy of the Regulator's report)
- ii. 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
- iii. Do you systems fully comply with the Regulators Treating Customers Fairly (TCF) Initiative? Yes  No
- iv. Have you had any type of TCF and/or Risk Assessment audit from the Regulator? Yes  No
- v. 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 separately* Yes  No

## 11. Risk management

- i. 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
- ii. Is there a system in place to ensure any agreed on-going service commitments are made regularly? Yes  No
- iii. Do you ever complete application forms on behalf of your clients? Yes  No
- iv. If yes, do you ensure that the client signs the form following a thorough review of the content? Yes  No
- v. Do you keep clients records indefinitely? (subject to GDPR compliance) Yes  No
- vi. Is the firm fully GDPR compliant? Yes  No

## 12. Current and Previous Insurance

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

Limit of Indemnity	<input type="text"/>
Excess	<input type="text"/>
Premium	<input type="text"/>
Insurer	<input type="text"/>
Renewal Date	<input type="text"/>
Period Continuous Insured	<input type="text"/>

- i. 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"/>

- ii. 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*

## 13. Claims and Circumstances

*(please provide a complete up to date complaints/claims log separately)*

- i. 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

- ii. *If yes, was this notified and accepted under a previous insurance policy?* Yes  No

- iii. 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*

- iv. 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*

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

2021 – 2022	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2018 – 2019	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2020 – 2021	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2017 – 2018	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2019 – 2020	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	2016 – 2017	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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.

#### 14. Future Developments or Material Changes

- i. Do you anticipate purchasing any client banks, or firms in the coming twelve (12) months?  
*If yes please provide details separately* Yes  No
- ii. Do you anticipate hiring any advisers or new staff in the coming twelve (12) months?  
*If yes please provide details separately* Yes  No
- iii. Has there been any significant change in the last year or do you expect any other significant change in the coming year? Yes  No
- iv. 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

#### 15. Declaration

By signing this Proposal Form you consent to Birchin Insurance Brokers 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