

CMS/AXA PROPOSAL FORM FOR MORTGAGE INTERMEDIARIES 2010

Presentation and Background Information

The proposal form is usually the main point of contact between your Firm and us, the Underwriters. It is therefore important that the information contained in the form is expressed and presented to a high standard. Where there is insufficient space available, please use clearly marked appendices, indicating which questions they refer to.

The Proposal Form - The Duty to Disclose

This proposal form is the document which legally forms the basis of the contract between the Insured and the Insurer. It is crucial that there is the fullest possible disclosure on all aspects about the proposer if full cover is to be provided. This would include, but is not limited to:

- a full list of all corporate entities, trading titles and predecessors in business must be fully disclosed, the full range of services and business activities performed by the Firm(s) proposing for insurance must be disclosed,
- a full list of any and all past and existing claim(s) or circumstances which could give rise to a claim against any of the Firm(s) proposing for insurance must be provided.

The Continuing Duty to Disclose

The duty to disclose material facts is not confined to completion of proposal forms at inception or renewal. The contract of insurance is arranged on the basis of this information. If, during the period of insurance arranged there is any material alteration/change in the information disclosed in the proposal form, prompt disclosure to us is essential. This might include, but is not limited to:

- new partners, directors, corporate entities, partnerships or trading titles,
- a change in the areas of activity of the insured Firm(s),
- the possibility of a claim being made against the Firm(s),
- any change in the trading status of the Firm(s), or membership of professional bodies, or regulatory status.

N.B. Failure to fully disclose any material facts could lead to a claim or potential claim not being covered by the policy and/or render the contract of insurance voidable. If you are in any doubt as to what may or may not constitute material information, please err on the side of caution and notify us.

Claims and/or Claims Circumstances

The policy to be arranged provides cover on a "claims made" basis, which means that cover must be in force at the time you first become aware of a claim or circumstances which could lead to a claim. Notification to us must be given at that time. It is that policy which will respond to any subsequent claim - even if the claim develops years later and/or arises out of activities performed prior to its inception. Whilst every question on the proposal form is important, the contract of insurance relies heavily on the disclosure given under Section 6. It is essential that full enquiry and discussion take place between all partners/directors and senior staff before any answers are given. You are reminded that failure to disclose material information, for whatever reason, may void your policy. If you are in any doubt as to what may constitute a material fact or circumstances to be disclosed, please disclose the information – too much information is preferable to too little, and the consequences thereof.



a)	PROPOSING BUSINESS/ Starting with the main requiring cover that are	practice plea	se enter below	the full name					
		currently trau	ing. II applicao	ie, piease aiso					
	Name				Estat	onsnr	nent Date		
b)	Please provide the FSA	authorisation	number						
c)	If the proposing comp	any/business	is acting as an	Appointed I	Representative	of	a directly		
	regulated firm or netwo						•		
d)	Main Office Address								
	Telephone Number								
	Fax Number								
	Website Address								
	E-mail Address								
e)	Please state below the names of any past company/business including predecessors in business for which run-off cover is required								
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	Name						trading To		
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	Please tick the box to co		e of the above a	are limited cor	npanies that h	ave			
C	been wound up or have				A 1 T				
f)	Please provide the follo for which cover is require		respect of any	current or pas	st Appointed i	kepre	sentatives		
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h)	If any of the proposing the product provider(s)	entities operate	e on a 11ed or M	iuiti-i ied basi	s piease provi	ue th	e name of		
	the product provider(s)								

1.



a)									
	Name	Age	Qualification	s	Experience	e			
b)	Please provide the number of stat	ff, other t	han the Directors/I	Partners/Princi	pals named	above, in			
	the following categories								
	Employed Registered Individuals	.1.							
	Self Employed Registered Individ								
	Unregistered Mortgage or Protecti Paraplanners and other Technical		sers						
	Administrative Staff	Stall							
c)	Please provide the number of indi	viduale tk	not hove joined or le	aft the busines	sloompony	during the			
C)	last 12 months in the following ca		iat nave joined of it	of the business	s/company (Juling the			
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	Employed Registered Individuals								
	Self Employed Registered Individ	uals							
	Unregistered Mortgage or Protecti	on Advis	sers						
	Paraplanners and other Technical Staff								
	Administrative Staff								
	COMPLIANCE & REGULATION								
a)	Please provide details of how the		nce Function is ma	inaged, if outs	ourced to a	specialist			
	provider then please provide the n	ame							
b)	What proportion of new business	files are c	hecked before the	recommendati	ons				
	are presented								
c)	What proportion of new business	files are c	hecked after any re	commendatio	ns				
	are presented Please provide the location(s) of any individual not based at the Main Office Address								
d)	Please provide the location(s) of any individual not based at the Main Office Address								
e)	Was each individual referred to ab	ove the s	ubject of a Compli	ance Audit in	the Ye	s No			
,	last 12 months		·						
f)	Please indicate whether any prop	osing co	mpany/business ha	is received, or	r is Ye	s No			
	on notice of, a visit from a Regul	ator. Ple	ase provide a copy	of the report.					
			Vicit	Date	/	1			

2.

3.

PRINCIPALS, ADVISERS AND STAFF



a) Please confirm the date of your last financial year end prior to the policy inception date	b) Please advise for the financial year-end identified in Question 4.a) above and the previous 4 financi years (where applicable), the total gross brokerage/commission/fice income of all propositic companies/business, generated by all principals/employees/self-employed persons and appointer representatives Last Complete Financial Year Previous Financial Year \$\frac{\frac{\frac{\text{\$}}{2}}{2}}{2}\$ Previous Financial Year Previous Financial Year \$\frac{\frac{\frac{\text{\$}}{2}}{2}}{2}\$ Previous Financial Year \$\frac{\frac{\text{\$}}{2}}{2}\$ Previous Financial Year \$\frac{\frac{\text{\$}}{2}}{2}\$ Previous Financial Year \$\frac{\frac{\text{\$}}{2}}{2}\$ Previous Financial Year \$\frac{\frac{\text{\$}}{2}}{2}\$ Previous Financial Year \$\frac{\text{\$}{2}}{2}\$ Previous Financial Year \$\frac{\text{\$}{2}}{	4	INCOME						
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g) Please provide details below the procedures used to establish the affordability of any mortgage		f)		or which cover is require	d ever arranged Yes No				
arranged both during and after any initial discount period	g) Please provide details below the procedures used to establish the affordability of any mortgage	oility of any mortgage							



	h)	With regards to self-certification mortgages, is it standard practice to confirm to the				Yes	No		
		Lender that the	e applica	ants stated income is	correct				
		What, if any, evidence of the stated income is retained is on file?							
	• `		'. D.	, MI D ;	// T	DI 1 1	10	1	
	i)	How many Eq	uity Re	lease/Home Reversion	on/Home Income I	Plans have been arr	anged?		
									1
				providers of Equity		version/Home Inco	me Plans	Yes	No
		members of SHIP Ltd (Safe Home Income Plans)? Have any mortgages been arranged on behalf of any client with terms that extend past Yes 1							
	j)				half of any client	with terms that ex	tend past	Yes	No
		the client's pla		_					
5.			URANC	E ARRANGEMENTS	1	1	1		
		Insurer		Renewal Date	Premium	Excess	Limit of	f Inden	nnity
				(if applicable)					
				, ,					
				/					
6.		CLAIMS AND	Circun	ISTANCES					
	a)			s below of any comp	olaints, claims or	circumstances eve	r made ag	ainst a	ny of
	/								,
	the proposing company/business. Continue on additional sheet and provide Conditional Summary						unt Pai	id	
					•				
									•
		_	-					Yes	No
	b)								
	principals, employees, self-employed persons and appointed representatives, of any circumstances (not stated above) which may result in any claims being made against the								
		Proposing Entities currently trading, their predecessors in business or any of the present or past Directors/ Partners/Principals?							
	c)	-		ers/Principals? ompany/business any	loss during the	nast ten vears as a	regult of		
	C)			esty of any Direct					
		person?	disholl	coty of any Direct	01/1 010101/1 111101	pan employeer sem-c	impioyed		
	d)	•	ication	for insurance on be	chalf of any prop	osing company/bu	siness or		
	 ,			rectors/Partners/Prin					
				n behalf of their pre					
				e ever been cancelle					



7.	that I/we have not misstated or suppressed a together with any other information supplied Insurance effected thereon. I/We undertake to any material alteration to these facts occurring	tes that the above statements and details are true and any material facts. I/We agree that this Proposal, by me/us, shall form the basis of any Contract of inform Collegiate Management Services Limited of ag before completion of the Contract of Insurance. the Proposing Entities or Collegiate Management
	Signiture of Director/Partner/Principal	
	Name	
	Date	
8.	ADDITIONAL INFORMATION	

