

Professional Indemnity Insurance Financial Advisers Proposal



NOTES

1. For the purpose of this proposal the use of the word 'You' / 'Your' means The Firm, Partners, Directors, Employees and Locums.
 2. For the purpose of this proposal the use of the word 'Regulator / Regulators' means the appropriate regulator at the time (PIA, FSA, FCA etc).
 3. Please answer all questions as fully as possible.
 4. If you have insufficient space to complete any of your answers, please continue on your headed paper.
 5. If you have a brochure about your Practice's operation (s), please submit it with this proposal.
 6. Material contained in the Proposer's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
 7. The form must be signed and dated by a Partner, Principal, Director or Member of the Practice.
- A full Policy Wording is available on request. Please ask your broker or usual Liberty contact.
Please complete this form fully in BLOCK CAPITALS.

PROPOSER DETAILS

1. Name(s) of Firm(s). Please include all Trading Styles, Trading Names, Former Firms and any Appointed Representatives for whose activities you are responsible and for whom cover is required. Continue on a separate sheet if necessary.

Current Firm(s)	Date established	Date directly authorised by Regulator
	dd/mm/yy	dd/mm/yy
Former Firm(s)	Date established	Date ceased & why
	dd/mm/yy	dd/mm/yy
Appointed Representatives	Date joined	Date ceased & why (if applicable)
	dd/mm/yy	dd/mm/yy

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2. Are any of the entities named in Question 1., a limited company or LLP that has been wound up/dissolved or is in the process of being wound up or has nil assets? Yes No

If 'Yes', please provide full details

3. Current address(es) of Firm(s) from which business is transacted. Please list all locations by Town (or Country if overseas) and identify the supervising Partner/Director at each location. Please continue on a separate sheet if necessary.

Address & website (if applicable)	Partner/Director in charge

4. Please give details of all Partners, Directors or Principals (including Locums) of each proposing entity requiring cover.

Name of Directors, Partners, Principals	Position	Qualifications	Age	Number of years with firm

5. Number of permanent staff other than Directors/Partners/Principals (but including all staff of AR's):

- a. Registered Individuals (inc. self-employed advisers and AR's)
- b. Dedicated compliance staff
- c. Paraplanners and other technical staff
- d. Administrative and secretarial staff

6. Advisers:

- a. Number of self-employed advisers
- b. Are self-employed advisers treated as if they are employees with regard to management, supervision, compliance and T & C? Yes No
- c. Do all such advisers work from the Firm's office(s) rather than from home? Yes No
- d. Please confirm that all your advisers in 5a. are qualified to at least the minimum standards required by the Regulator Yes No
- e. Please confirm that all your advisers in 5a. hold a Statement of Professional Standing (SPS) issued by a body accredited by the Regulator Yes No

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7. Authorisation / Regulation

a. Are you currently **directly** authorised by the Regulator? Yes No

If **'No'**, please provide details on a separate sheet

b. Has the Firm always been **directly** regulated by the appropriate Regulator? Yes No

If **'No'**, please provide details on a separate sheet

c. Has the Firm, or anyone within the Firm, ever been the subject of disciplinary proceedings by any regulatory or professional body? Yes No

If **'Yes'**, please provide full details on a separate sheet, together with a copy of the Regulator's report.

d. What was the date of your last regulatory visit? dd/mm/yy
(Please supply a copy of the Regulator's report)

e. Have you been asked by the Regulator to take part in any risk-based monitoring? Yes No

If **'Yes'**, please provide full details on a separate sheet, together with a copy of the Regulator's report

f. Have you fully considered whether or not your current systems fully comply with the Regulators Treating Customers Fairly Initiative? Yes No

g. Have you had any type of TCF and/or Risk Assessment audit from the Regulator? Yes No

h. Have you been asked by the Regulator to undertake any form of past business review (including, but not limited to Section 166 reviews)? Yes No

If **'Yes'**, please provide full details on a separate sheet, together with a copy of the Regulator's report

i. Please confirm what conduct and prudential classifications have been assigned to the Firm by the Regulator.

Conduct Classification

Prudential Classification

8. Compliance

a. Who is your Compliance Officer and what is their experience in this field?

b. Is compliance managed solely in-house? Yes No

If **'No'**, please complete the following:

i. What is the name of your specialist compliance Firm?

ii. To what extent do you rely on their services?

iii. How often does the specialist Firm visit your offices?

iv. What proportion of files is checked by the specialist Firm?

v. When was the specialist Firm appointed?

vi. Please provide a copy of your latest **full** compliance audit

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9. Risk Management

- a. Do you provide written reviews to all clients at least annually? Yes No
- b. Do you ever complete application forms for clients? Yes No
- If 'Yes', do you ensure that the client signs the form **after** confirming the accuracy of its content? Yes No
- c. Do you keep clients records indefinitely? Yes No
- d. What is the approximate number of clients per adviser?
- e. Do you specialise in any particular type(s) of clients? Yes No

If 'Yes', please state which types e.g. business owners, retired, sports, celebrity etc

10. Commission and Fee Income

- a. Please confirm the date of your last completed financial year end? dd/mm/yy
- b. Please confirm your total gross brokerage/commission/fee income including trail/renewal commission achieved for the **last completed financial year** and **estimate for the forthcoming financial year** in respect of all proposing entities/Appointed Representatives/Tied Agents and derived from all employees.

i. Last Completed Financial Year	£
ii. Previous Financial Year	£
iii. Estimate for the forthcoming Financial Year	£

11. The Retail Distribution Review (RDR)

- a. In respect of the RDR Adviser Charging requirements, please confirm the following:
- i. A charging structure is in place based on the level of service you provide, rather than the particular product or provider recommended: Yes No
- ii. Charges are disclosed to clients up front, using a price list or tariff (confirming the specific amount to be paid later on) Yes No
- iii. On-going charges are only levied where an on-going service (such as a performance review of their investments) has been agreed in writing with the client, detailing the service provided, any associated charges and how the client can cancel the service (this does not apply for charges on regular contribution products) Yes No
- iv. A diary system or automatic reminder is in place to ensure any agreed on-going service Yes No

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- | | | | |
|-----|---|-----|---|
| b. | Please confirm that you have reviewed the rules on payment of trail commission on pre-RDR assets and the Regulators guidance on the treatment of legacy assets | Yes | No |
| c. | Please confirm if you have decided if you can continue to receive trail commission on pre-RDR assets? | Yes | No |
| d. | Are you offering:
'Independent advice' (unbiased and unrestricted advice based on a comprehensive and fair analysis of the relevant market)?
Or
'Restricted advice' (e.g. advice on a limited range of products or providers)?
If 'Yes' , please provide a copy of your client agreement (TOBA etc) | Yes | No |
| e. | Please confirm that you disclose to each client up front what type of advice they will receive (independent or restricted) and that you have reviewed your Service and Costs Disclosure Document (SCDD) and the Combined Initial Disclosure Document (CIDD) in line with Regulators guidance to ensure they satisfy the new written disclosure requirements | Yes | No |
| f. | Approximately what percentage of your income is made up of renewal/trail, on-going adviser charges or fund based commission? | | <input style="width: 60px; height: 20px;" type="text"/> % |
| 12. | What percentage of your income is derived from your appointed representatives? | | <input style="width: 60px; height: 20px;" type="text"/> % |
| 13. | Is any income derived from clients outside the UK? | Yes | No |

If **'Yes'**, please provide details of clients, territories and services below

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14. Business Profile

Please advise the approximate split of the total gross income during your last completed Financial Year (or a forecast for the first year if the Firm is a start-up) by the following categories:

Category	Any advice/sales within past 10 years?		% of income		
a. Pension Sales & Advice (if now or ever, please complete Section 2)	Yes	No	<input type="text"/> %		
b. Investment Sales & Advice (if now or ever, please complete Section 2)	Yes	No	<input type="text"/> %		
c. Employee Benefits	Yes	No	<input type="text"/> %		
d. Mortgage Sales & Advice (if now or ever, please complete Section 3)	Yes	No	<input type="text"/> %		
e. General Insurance Sales and Advice (if now or ever, please complete Section 4)	Yes	No	<input type="text"/> %		
f. Life & Protection Sales & Advice (including health)	Yes	No	<input type="text"/> %		
			<input type="text"/> %		
			<input type="text"/> %		
Group Individual Has the Firm re-broked any CIC contracts or benefits? <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No			
Yes	No				
If 'Yes', is there always an audit trail detailing the reasons for the re-broke together with confirmation that each client is aware of any reduced CIC definitions in the replaced policy, and is it retained on file? <table style="display: inline-table; vertical-align: middle;"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No			
Yes	No				
g. Long Term Care Please confirm that all advisers involved in LTC have passed the Long Term Care examination (CF8)	Yes	No	<input type="text"/> %		
h. Other (please supply full details)	Yes	No	<input type="text"/> %		
Total			100%		
i. What percentage of your investment advice is of a holistic nature?			<input type="text"/> %		

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15. a. Approximately, what proportion of business is sold on an execution-only basis? %
- b. Is such business fully documented, including a signed acknowledgement by the client as being execution-only? Yes No
16. Have any reviewable whole of life policies ever been arranged/advised upon? Yes No
- If 'Yes', please confirm:
- a. the number of sales
- b. of the above the number of policies that have had their premiums reviewed?
- c. has the client always been made aware, in writing, of the potential for increased premium and/or loss of benefits at the review date? Yes No
- d. what percentage of cases have been arranged on a maximum sum insured/lowest cost basis? %
- e. in respect of all cases, was the availability of a fixed cost option investigated and, if available, were the reasons for discounting this retained on file? Yes No
17. Please advise whether any proposing entity for whom cover is required has issued any direct offer financial promotions to clients promoting a particular product (excluding ISAs)? Yes No
- If 'Yes', please provide full details on a separate sheet
18. Please advise whether any proposing entity for whom cover is required under this policy has or ever has had any financial interest in any platform, wrap or product provider or any other potential conflict of interest. Yes No
- If 'Yes', have you disclosed this potential conflict of interest in writing? Yes No
- 19. Fidelity**
- a. Is the Firm authorised to receive/hold/control client monies? Yes No
- If 'Yes', do you keep "clients monies" and "clients' funds" in properly designated Clients' accounts completely separate from the Firm's own monies? Yes No
- b. i. Has the Firm sustained any loss through dishonesty or fraud of any employee or representative? Yes No
- If 'Yes', please provide full details on a separate sheet
- ii. Is the Firm aware of any dishonesty or fraud at any time of any present or former Partner, Director, Proprietor, Employee or Representative? Yes No
- If 'Yes', please provide full details on a separate sheet
- c. Does the Firm always require satisfactory written references (and credit/criminal record checks of advisers(s)) when engaging new personnel? Yes No
- d. Is any Partner/Director/Employee allowed to sign cheques above £5,000 on their sole signatures? Yes No

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20. Current Insurance

(Please leave blank if currently insured with Liberty Mutual Insurance Europe Limited)

Please give details of Professional Indemnity insurance currently held or recently expired

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period Continuous Insured

21. Previous Insurance

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 full details on a separate sheet

22. Future Developments

Do you anticipate any major changes in the Firm's activities during the next twelve months? Yes No

If 'Yes', please provide full details on a separate sheet

23. Claims/Complaints

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.

24. Potential Claim Circumstances

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

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SECTION 2: INVESTMENT AND PENSION QUESTIONNAIRE

For completion if directed to by Question **14a.** or **14b.** of Section 1.

1. Risk Profiling

a. Do you use a risk profiling tool? Yes No

If **'Yes'**, which?

b. Does the client initially complete the risk profiling tool without the assistance of an adviser? Yes No

If **'No'**, please explain the risk profiling process

c. Do you also take into account the client's capacity for loss alongside attitude to risk when assessing suitability of investments? Yes No

d. If the initial risk rating is altered, is this always at the client's insistence, and if so, are they treated as an insistent client? Yes No

If **'No'**, please explain

2. In respect of investments covered by **14a.** or **14b.** of Section 1, please indicate the number of gross single premium or gross annual investments made in the last financial year where the sum invested was (please do not include monthly investments)

	Number of Investments
Less than £50,000	
Equal to or more than £50,000 but less than £150,000	
Equal to or more than £150,000	

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3. If access to funds held within an investment bond is required, do you:
- | | | |
|---|-----|----|
| a. 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 |
| b. 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 |
- If 'No' to **a.** or **b.** above, is the client made fully aware, in writing prior to the surrender, of the tax implications? Yes No

4. Can you confirm that you have never recommended and or arranged for a client borrow money in order to invest? Yes No

5. Asset Class Concentration Risk

- a.** Does the firm monitor asset class/product type concentration in respect of their clients Pension and Investment portfolios? Yes No

- b.** What maximum thresholds for any single asset class does the firm apply? %

- c.** How does the firm manage rebalancing clients' portfolios and under what circumstances might you consider exceeding the above thresholds?

6. 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

7. In terms of total funds currently under management, please provide the top 3 investment funds.

Investment Fund	Total Client Funds Invested	Number of Investments

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8. Central Investment Propositions

a. Does the Firm have a Centralised Investment Proposition? Yes No

If 'Yes', please name the platforms/wraps used

b. Does the Firm retain a centralised record as to why the(se) platform(s) was chosen as opposed to their peers? Yes No

c. How often is the choice reviewed and are records kept of the decision making process?

d. Does the Firm have an investment committee? Yes No

If 'Yes', please identify the members, their role within the Firm, confirm how often they meet and if full minutes of meeting are retained centrally

e. Is all research of Investments within the Centralised Investment Proposition carried out solely internally or with the use of external assistance? If with external assistance, who do they use and do they retain liability for the accuracy of their research?

9. 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?

If 'Yes', please provide full details below

Name of Investor	Date of Investment	Value of client's Investment portfolio	Original Investment Value	Product	Current Value	Date of Valuation

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10. Pension Transfers From Defined Benefit Occupational Pension Schemes

- a. Since June 1994 please provide the number of Pension Transfers from Defined Benefit Occupational Pension Schemes/conversion of Safeguarded Pension Benefits that the proposer has arranged and provide the average and largest value

	Number of Transfers	Average Transfer Value	Largest Transfer Value
Statutory Schemes			
Non-Statutory Schemes			
Insistent Clients			
Insistent Clients since April 2015			

- b. Has the firm, since June 1994, advised 10 (ten) or more individuals to transfer out of the same Defined Benefit Occupational Pension Scheme? Yes No

If 'Yes', please provide details of the Scheme, numbers and Transfer Values at the time of transfer.

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- c. Please provide the names and details of the experience and qualifications of the individuals authorised by the proposer to provide Pension Transfer advice

Names	Qualifications	Experience

- d. What's the highest critical yield you have or would recommend for a client transferring from a Defined Benefit Pension Scheme?

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11. Has any business ever been transacted where the client has given up a Guaranteed Annuity Rate? Yes No

If 'Yes', was the client always made aware, in writing, of;

- a. The value of the guaranteed benefit that they were relinquishing? Yes No
 b. The reasons why this guaranteed benefit was being relinquished? Yes No
 c. The potential downside, especially in view of lack of investment returns and worsening annuity rates? Yes No

12. Is cover required for the SIB Pension Review? Yes No

13. Lifetime Allowance (LTA) Changes

- a. Has the Firm established whether any of their clients (including those within Defined Benefit Schemes) are likely to be affected by the alteration of either the Lifetime Allowance or the Annual Allowance since the Lifetime Allowance was introduced in 2006? Yes No
 b. Has the Firm advised these client(s), in writing, of the changes and of the need to apply for either Fixed Protection or Individual Protection? Yes No
 c. Where advice and/or administration services are provided to employers that have auto-enrolment schemes, has the Firm ensured that the employer is aware that this could lead to a breach of any of the protections held? Yes No

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14 . Income Drawdown/Unsecured Pensions/Annuities

a. Please complete the following table if any proposing entity has transacted/given advice in respect of Unsecured Pensions or Annuities. Please include Drawdown, Phased Retirement, 3rd Way products or Alternatively Secured Pensions.

	Total Number of Drawdown cases transacted	Number of cases where original fund value was below £100,000	Number of cases from a defined benefit scheme or where GAR given up	Number of annuity cases transacted overall
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				

- b. Number of cases taking maximum drawdown
- c. Number of cases where full commission taken with no fee offset
- d. How often are reviews conducted?
- e. How many of the above cases represent the client's sole retirement funds? (excluding state benefit provisions)
- f. How many cases have been transacted purely to release tax free cash, with no income being taken?
- g. Of those in f. above, has the 'Reason Why Letter' always drawn to the client's attention the adverse effects such a withdrawal will have on future pension benefits and establish in each case why the client needed the cash and why other methods of raising finance were less suitable? Yes No

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15. a. Please provide the number of transfers to a **QROPS/QNUPS** that the proposer has ever arranged and provide the average and largest transfer value

Number of Transfers	Average Transfer Value	Largest Transfer Value

- b. Have any QROPS been arranged for a client that has remained a UK resident after the transfer? Yes No

If **'Yes'**, please provide full details on a separate sheet

16. Has the proposer ever provided advice/services with regards to any pension unlocking, pension busting or any pension liberation scheme? Yes No

17. a. Please provide the number of Pension Switches made to Self-Invested Personal Pensions (SIPP).

Year	Number of Switches	Average Fund Value	Largest Fund Value
2010			
2011			
2012			
2013			
2014			
2015			
2016			
2017			

- b. Please provide details of the top 3 product providers of the receiving schemes

Provider	Percentage of Switches
1.	%
2.	%
3.	%

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18. Please confirm if any proposing entity for whom cover is required has ever setup/advised Yes No
on SIPP's where clients have invested into a product(s) for which no advice or
recommendation has been given (including introductions from third parties)?

If 'Yes', please provide full details, including the name of the investment product(s) and,
if applicable, the name of any introducer/promoter of the investment

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19. Please confirm if any proposing entity for whom cover is required has ever setup/advised Yes No
on SIPP's as a vehicle to invest solely into Overseas Property and or Unregulated Collective
Investment Schemes (whether on an advised or non-advised basis)?

If 'Yes', please provide full details

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20. Please confirm whether any proposing entity has ever provided or intends to provide advice or services with
regards to investments (whether held directly or via a pension fund or wrapper) in any of the following or
collective investments that have funds invested in any of the following:

Products/Service	Yes	No	Number of cases
Structured Products (where there is a geared downside)			
Hedge Funds			
Unregulated Collective Investments Schemes or Non Mainstream Pooled Investments			
Any Investment for Tax Structuring, Planning or Mitigation (excluding ISA's & VCT's)			
Traded Life Policies			
Viatical Settlements / Life Settlement Products			
Traded Endowment Plans			
Exchange Traded Products (synthetic)			
Any Geared or Leveraged Investment			
Overseas Property Investments			
Own Branded Collective Investment Funds			
Discretionary Portfolio Management (in house)			
Pension Fund Trustee Services (including SIPP Trustees)			
Pension Fund Management Services (including SIPP Management)			
Pension Fund Administration Services (including SIPP Administration)			

If you have answered 'Yes' to any of the above, please provide details below

Name of Investor	Client status Retail, HNW, Sophisticated, Professional?	Date of investment dd/mm/yy	Value of client's Investment portfolio	Original Investment Value	Product	Current Value	Date of valuation dd/mm/yy

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21. If you have answered 'Yes' to Any Investments for Tax Structuring, Planning or Mitigation (excluding ISA's & VCT's), please answer the following:

- | | | |
|---|-----|----|
| a. Has the firm ever advised, arranged or introduced clients to any product which falls (or would have historically fallen) under the Disclosure of tax avoidance schemes (DOTAS) regulations or General Anti Abuse Rule (GAAR)? | Yes | No |
| b. Has the Inland Revenue indicated that they intend to challenge the tax status of any of the products arranged on behalf of any client? | Yes | No |
| c. Have any of your clients received an Accelerated Payment Notice (APN)? | Yes | No |

If 'Yes' to any of the above, please provide full details on a separate sheet in the following format. This relates to any scheme that your clients are invested in regardless of the level of advice that was provided by you (i.e. full-advice, introducer only, execution only, insistent client etc)

Scheme Name & Provider	
Type of Scheme	
Client Name	
Investment Value	
Individual Gearing Amount (if any) HMRC DOTAS Registered?	
Scheme Reference Number	
HMRC Spotlight Case?	
Accelerated Payment Notice Issued?	

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SECTION 3: MORTGAGE BROKING QUESTIONNAIRE

For completion if directed to within Question **14d.** of Section 1

1. Of the income disclosed under Question **14d.**, please confirm the proportion of income derived from the following areas:

Mortgage Type	Advice Provided within the last 10 years		Percentage
a. Residential Mortgages	Yes	No	%
b. Equity Release, Home Reversion etc	Yes	No	%
c. Sale and Rent Back	Yes	No	%
d. Sub-Prime Mortgages	Yes	No	%
e. Self-Certification Mortgages	Yes	No	%
f. Secure Loans	Yes	No	%
g. Buy-To-Let Mortgages	Yes	No	%
h. Commercial Mortgages (other than in g. above)	Yes	No	%
Total			100%

2. Please indicate the number of Equity Release or Home Reversion Schemes arranged/advised upon by the proposing entities.
- | | | |
|--|-----|----|
| a. Do all products arranged comply with Safe Home Income Plans (SHIP) standards? | Yes | No |
| b. Have you given/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 |
| c. 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 |
| d. Were the beneficiaries of the clients estate informed and is evidence of this recorded on file for each of the plans arranged? | Yes | No |
3. In respect of Interest-Only mortgages, do you always ensure that the client is aware of the need for a re-payment vehicle and that this is always recorded in writing? Yes No
4. If the Firm arranges, or has in the past arranged, self-certification mortgages:
- | | | |
|--|-----|----|
| a. Do you provide confirmation to the lender that an applicant's stated income is correct or that the loan is affordable? | Yes | No |
| b. If 'Yes', is that always full researched (if not, please provide full details) | Yes | No |

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SECTION 4: GENERAL INSURANCE BROKING QUESTIONNAIRE

For completion if directed by Question **14e.** of Section 1

1. Please complete the following:

Insurance Type	Any Advice/Sales within the last 6 years		Percentage of Income
a. Commercial non-marine	Yes	No	%
b. General/Personal Lines Insurances (Excluding Motor, non-marine & PPI)	Yes	No	%
c. PPI (Regular Premium)	Yes	No	%
d. PPI (Single Premium)	Yes	No	%
e. Motor	Yes	No	%
f. Marine (please detail if other than private pleasure craft)	Yes	No	%
g. Aviation (please detail)	Yes	No	%
h. Reinsurance (please detail)	Yes	No	%
Total			100%

2. Does the Firm operate an efficient renewal diary/monitor? Yes No
3. Do you hold any authority (other than for private motor, household and other Similar cover-noted or “coupon” type business), which has been granted by any Insurance Company, Lloyd’s Underwriter or other Insurer or Reinsurer, where under such authority you have the power to bind the insurer without prior reference as to the terms and/or cover? Yes No
4. Please give details of the two largest material damage or (in relation to business premises) the material damage and business interruption combined exposure Sums Insured that the Firm places for Commercial Customers:

Client	Risk	Sum Insured

5. Please give details of the two highest PL/Products or PI Limits of indemnity that the Firm places for Commercial Customers:

Client	Risk	Sum Insured

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DECLARATION

By ticking here, I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Liberty's consideration of this insurance proposal and undertake to inform Liberty's of any change to any material fact that occurs prior to the point at which the insurance contract has been concluded and throughout the contract of insurance. I/We understand that the information I/We provide will be used by Liberty's in determining acceptance of the application together with the price charged for the risk and the terms of any policy provided.

By ticking here, I/We understand and agree that any quotation, offer of insurance or firm order notification that Liberty's may provide is conditional upon there being no change to any material fact that is relevant to this proposal, or any new material fact relevant to this proposal arising, before the start of the policy period. I/We will inform Liberty's of any such change or new material fact that arises before the start of the policy period and, in such circumstances, Liberty's may choose at their sole discretion to withdraw, amend or affirm the quotation or offer.

SIGNATURE OF PRINCIPAL:

DATE: dd/mm/yy

PRINT NAME:

POSITION:

IMPORTANT INFORMATION

DATA PROTECTION NOTICE

Liberty Mutual Insurance Europe Limited, trading as Liberty Specialty Markets ("Liberty", "we", "our", or "us") is the registered data controller for personal information collected from you.

"You" shall include, as relevant, individual insured customers (including prospective customers) such as sole traders, a company's owners, directors, partners and/or any individual who may be covered by an insurance policy with Liberty.

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In addition, we may pass your information and claims history to other insurers, reinsurers, agents, professional advisors, loss adjusters, other Liberty Mutual Insurance Group companies and other third parties providing services to us in relation to your Policy located both inside and outside the European Economic Area ("EEA"). Countries outside of the EEA may not have a similar standard of data protection laws to the UK; however, we will require your personal information to be protected to at least UK standards. The purposes for which we may need to use your information and pass it to third parties include but are not limited to analysing your insurance needs, providing estimates and quotes for your Policy, carrying out any of our obligations under your Policy, claims handling, resolving any queries or issues that may arise under Your Policy and also for any other strategic and operational purposes such as, for example, purchasing reinsurance and managing our business. If you object to the transfer of your information to third parties located outside of the EEA, please contact us on the details provided at the end of this Notice. If you do not provide requested personal information or object to it being transferred in the manner detailed above and your objection is upheld, Liberty or other relevant third parties may not be able to provide the appropriate type or level of services you require.

By going ahead with a Liberty insurance quote or policy or by giving us your personal information including sensitive personal information (as more particularly described in your Policy) you will be explicitly agreeing to us, our agents, other insurers and the other persons described in this notice (and/or in your Policy) processing it for all relevant purposes. Before you provide us with any information about others, you should make sure they are aware of how we will use their information and have agreed to this.

For further information, including details about data transfers outside the EEA, how to obtain copies of personal information and who to contact in the event of questions, please see the Privacy Policy (which contains a full overview about Liberty's use of your personal information). You can view this at <http://www.libertyspecialtymarkets.com/privacy-cookies/> or by contacting our General Counsel at Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW.

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