

# 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. Names(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.

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

# Professional Indemnity Insurance Financial Advisers Proposal



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

# Professional Indemnity Insurance Financial Advisers Proposal



## 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 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

g. 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 his/her 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

# Professional Indemnity Insurance Financial Advisers Proposal



## 9. Risk Management

- a. Have you fully considered whether or not your current systems fully comply with the Regulator's Treating Customers Fairly Initiative? Yes  No
- b. Have you had any type of TCF and/or Risk assessment audit from the Regulator? Yes  No
- c. Do you provide reviews to all clients at least annually? Yes  No
- d. Do you ever complete proposal 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
- e. Do you keep clients records indefinitely? Yes  No
- f. What is the approximate number of clients per adviser?
- g. 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.

<b>i. Last Completed Financial Year</b>	<b>£</b>
<b>ii. Previous Financial Year</b>	<b>£</b>
<b>iii. Estimate for the forthcoming Financial Year</b>	<b>£</b>

## 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
- 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

# Professional Indemnity Insurance Financial Advisers Proposal



- 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)? Yes  No   
Or  
**'Restricted advice'** (e.g. advice on a limited range of products or providers)? 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?  %
- g.** Please provide a copy of your client agreement (TOBA etc)
- 12.** What percentage of your income is derived from your appointed representatives?  %
- 13.** Is any income derived from clients outside the UK? Yes  No

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

- 14. 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
- 15. a.** Please indicate the approximate lapse ratio (NTUs/NPWs) of FS business written in the past 3 years
- b.** What proportion of the above lapse ratio relates to the withdrawal of instructions during the "cooling off" period?

# Professional Indemnity Insurance Financial Advisers Proposal



## 16. 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
<b>a.</b> Pension Sales & Advice (if now or ever, please complete Section 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>b.</b> Investment Sales & Advice (if now or ever, please complete Section 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>c.</b> Employee Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>d.</b> Mortgage Sales & Advice (if now or ever, please complete Section 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>e.</b> General Insurance Sales and Advice (if now or ever, please complete Section 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>f.</b> Life & Protection Sales & Advice (including health)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
Group		%
Individual		%
Has the Firm re-broked any CIC contracts or benefits?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
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?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>g.</b> Long Term Care Please confirm that all advisers Involved in LTC have passed the Long Term Care examination (CF8)      Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>h.</b> Other (please supply full details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>Total</b>		<b>100%</b>
<b>i.</b> What percentage of your investment advice is of a holistic nature?		%

# Professional Indemnity Insurance Financial Advisers Proposal



17. Have any reviewable whole of life policies ever been arranged/advised upon? Yes  No

If 'Yes', please confirm:

a. the number of sales

b. 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

c. what percentage of cases have been arranged on a maximum sum insured/lowest cost basis?  %

d. 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

18. 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 ISA's)? Yes  No

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

19. 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

## 20. 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

e. How often are the entries in the Cash Books checked with the vouchers and reconciled with the bank statement by a Principal or other senior employee independently of the responsible for the Cash Book entries?

Daily  Weekly  Monthly  Annually

# Professional Indemnity Insurance Financial Advisers Proposal



## 21. 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

## 22. Previous Insurance

Has any proposal for Professional Indemnity Insurance made on behalf of the Firm, Yes  No

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?

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

## 23. 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

## 24. 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.

## 25. 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

## 26. Cover Required

Limit of Indemnity	£	£	£
Excess(es)	£	£	£



# Professional Indemnity Insurance Financial Advisers Proposal



## SECTION 2: INVESTMENT AND PENSION QUESTIONNAIRE

For completion if directed to by Question **16a.** or **16b.** 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 **16a.** or **16b.** 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
<b>Less than £25,000</b>	
<b>Equal to or more than £25,000 but less than £100,000</b>	
<b>Equal to or more than £100,000</b>	

# Professional Indemnity Insurance Financial Advisers Proposal



3. 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

If 'No', 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 that a client borrow money in order to invest? Yes  No

5. 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

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

Investment Fund	Total Client Funds Invested	Number of Investments

## 7. 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?  Yes  No

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?

# Professional Indemnity Insurance Financial Advisers Proposal



8. 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

# Professional Indemnity Insurance Financial Advisers Proposal



## 9. Pension Transfers From Defined Benefit Occupational Pension Schemes

a. Please provide the number of Pension Transfers from Defined Benefit Occupational Pension Schemes that the proposer has ever arranged and provide the average and largest value

	Number of Transfers	Average Transfer Value	Largest Transfer Value
<b>Statutory Schemes</b>			
<b>Non-Statutory Schemes</b>			

b. 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

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

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

# Professional Indemnity Insurance Financial Advisers Proposal



## 11. 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 where original fund value was £100,000 to £300,000	Fund value of largest case in year	Number of annuity cases transacted overall
1998					
1999					
2000					
2001					
2002					
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					

# Professional Indemnity Insurance Financial Advisers Proposal



- 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?
- f. How many cases have been transacted purely to release tax free case, 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

**12. 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

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

# Professional Indemnity Insurance Financial Advisers Proposal



14. 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
2006			
2007			
2008			
2009			
2010			
2011			
2012			
2013			

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

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

15. Please confirm if any proposing entity for whom cover is required has setup/advised 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)? Yes  No

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

16. Please confirm if any proposing entity for whom cover is required has setup/advised 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)? Yes  No

If 'Yes', please provide full details

17. 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

# Professional Indemnity Insurance Financial Advisers Proposal



18. Does the proposer provide SIPP administration services? Yes  No

19. 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 (other than Structured Deposits)			
Hedge Funds			
Unregulated Collective Investments Schemes or any other Unregulated Investment			
Any Investment for Tax Structuring, Planning or Mitigation (excluding ISA'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 ServiceVs (including SIPP Management)			

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	Value of client's Investment portfolio	Original Investment Value	Product	Current Value	Date of valuation

20. Has the Inland Revenue indicated that they intend to challenge the tax status of any of the above products arranged on behalf of any client? Yes  No

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



# Professional Indemnity Insurance Financial Advisers Proposal



## SECTION 3: MORTGAGE BROKING QUESTIONNAIRE

For completion if directed to within Question **16d.** of Section 1

1. Of the income disclosed under Question **16d.**, please confirm the proportion of income derived from the following areas:

Mortgage Type	Advice Provided within the last 6 years	Percentage
<b>a.</b> Residential Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>b.</b> Equity Release, Home Reversion etc	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>c.</b> Sale and Rent Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>d.</b> Sub-Prime Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>e.</b> Self-Certification Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>f.</b> Secure Loans	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>g.</b> Buy-To-Let Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>h.</b> Commercial Mortgages (other than in <b>g.</b> above)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>Total</b>		<b>100%</b>

2. 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
3. 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

# Professional Indemnity Insurance Financial Advisers Proposal



## SECTION 4: GENERAL INSURANCE BROKING QUESTIONNAIRE

For completion if directed by Question 16e. 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 <input type="checkbox"/> No <input type="checkbox"/>	%
b. General/Personal Lines Insurances (Excluding Motor, non-marine & PPI)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
c. PPI (Regular Premium)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
d. PPI (Single Premium)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
e. Motor	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
f. Marine (please detail if other than private pleasure craft)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
g. Aviation (please detail)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
h. Reinsurance (please detail)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
<b>Total</b>		<b>100%</b>

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



# Professional Indemnity Insurance Financial Advisers Proposal

## 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 Mutual's consideration of this insurance proposal and undertake to inform Liberty Mutual 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 Mutual 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 Mutual 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 Mutual of any such change or new material fact that arises before the start of the policy period and, in such circumstances, Liberty Mutual 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 Act 1998

Liberty Mutual Insurance Europe Limited ("Liberty") 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, partners and/or any individual who may be covered by an insurance policy with Liberty.

We will use your information subject to data protection laws for various purposes. In summary, this includes but is not limited to managing and handling your insurance queries, underwriting and claims handling. We may use an anonymised form of it for various purposes. We may check your information against public sources (such as the electoral roll and court judgments bankruptcy or repossession and other insurance industry databases) and this may involve carrying out bankruptcy/judgment debt checks, fraud prevention, anti-money laundering and counter terrorism financing checks, subject to data protection law and with your consent if required. We may directly or indirectly share your information with other insurers, the police and other law-enforcement agencies, the Claims and Underwriting Exchange Register and the Motor Insurance Anti-Fraud and Theft Register, government agencies and/or regulatory authorities, as applicable. In addition, we may pass your information and claims history to agents, service providers, other Liberty Mutual Group companies, regulatory organisations, and to certain other third parties.

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 our policy about taking instructions from persons other than the Policyholder, details about data transfers outside the European Economic Area, 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 [www.liueurope.com/privacy-policy](http://www.liueurope.com/privacy-policy) or by contacting our Data Protection Officer at 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE for a hard copy.

### Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited. Liberty Mutual Insurance is a trading name of Liberty Mutual Insurance Europe Limited; a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Reference number 202205)

Registered Office: 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE Tel: 020 7860 6600 Fax: 020 7860 6290 Registered in England & Wales, Registration Number 1088268

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