



## CMS PROPOSAL FORM FOR FINANCIAL ADVISERS 2022

### Presentation and Background Information

The proposal form is usually the main point of contact between you – the insured - and us, - the Insurer. 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 Continuing Duty to Disclose

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

- new partners, directors, corporate entities, partnerships or trading titles,
- any 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.

### 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 may lead to a claim. Notification 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. **It is essential that full enquiry and discussion take place between all partners/directors and senior staff before any answers are given.** If you are in any doubt as to what may constitute a material circumstance, please disclose the information – too much information is preferable to too little, and the consequences thereof.

### Insurance Act 2015 – Duty of fair presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:

a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);

b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and

c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:

a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.

b) If the Insured is not an individual, what is known to anybody who is part of the Insured’s senior management; or anybody who is responsible for arranging the Insured’s insurance.



c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

### **Remedies for a breach of the duty of fair presentation under the Insurance Act 2015**

In the event of a breach by the insured of the duty of fair presentation the insurer may apply the following remedies if the insurer shows that, but for the breach, the insurer:

- a) would not have entered into the contract of insurance at all; or
- b) would have done so only on different terms.

A breach for which the insurer has a remedy against the insured is referred to as a "qualifying breach" and can be either;

- a) deliberate and reckless; or
- b) neither deliberate and reckless

#### *Deliberate or reckless breaches*

If a qualifying breach was deliberate or reckless, the insurer;

- (a) may avoid the contract and refuse all claims, and
- (b) need not return any of the premiums paid.

#### *Other breaches*

If a qualifying breach was neither deliberate nor reckless.

a) If, in the absence of the qualifying breach, the insurer would not have entered into the contract on any terms, the insurer may avoid the contract and refuse all claims, but must in that event return the premiums paid.

b) If the insurer would have entered into the contract, but on different terms (other than terms relating to the premium), the contract is to be treated as if it had been entered into on those different terms if the insurer so requires.

c) In addition, if the insurer would have entered into the contract (whether the terms relating to matters other than the premium would have been the same or different), but would have charged a higher premium, the insurer may reduce proportionately the amount to be paid on a claim.

"reduce proportionately" means that the insurer need pay on the claim only X% of what it would otherwise have been under an obligation to pay under the terms of the contract (or, if applicable, under the different terms provided for by virtue of paragraph b), where;

$$X = \frac{\text{Premium actually charged}}{\text{Higher premium}} \times 100$$



**SECTION A - PROPOSING BUSINESS/COMPANY REQUIRING COVER**

- Starting with the **main practice** please enter below the full names of any company/business requiring cover that are **currently trading**. If applicable, please also list any other trading styles.

**Cover will only be considered for those entities disclosed in Section A of the Proposal Form**

Name	Establishment Date

**Please note that we will only consider cover for activities conducted after the establishment date of the entities disclosed on this proposal form. Where the proposal form contains a question that asks whether advice or services have ever been provided the information is required from this date onwards in respect of all entities requiring cover.**

- If the proposing company/business is acting as an Appointed Representative of a directly regulated firm or network please provide the name of the principal firm.

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- Main Office Address

Telephone Number	
Fax Number	
Website Address	
E-mail Address	

- Please state below the names of any past company/business including predecessors in business for which run-off cover is required

Name	Period of trading	
	From	To



5. Please tick the box to confirm that none of entities disclosed in section A are Limited companies that have been wound up or have no assets

6. Please provide the following details in respect of any current or past Appointed Representatives for which cover is required

Name	Location	Appointed	Terminated	Turnover

**Cover will only be provided for the activities of Appointed Representatives of the Insured if details are provided above and they are named on the policy schedule**



**SECTION B - PRINCIPALS, ADVISERS AND STAFF**

1. Please provide the following details of all directors/partners/principals

Name	Age	Qualifications	Experience

2. Please provide the number of staff, other than the directors/partners/principals named in Question 1, in the following categories

Employed Registered Individuals	
Self-Employed Registered Individuals	
Unregistered Mortgage or Protection Advisers	
Paraplanners and other Technical Staff	
Administrative Staff	

3. Please provide the number of individuals that have joined or left the business/company during the last 12 months in the following categories

	Leavers	Joiners
Employed Registered Individuals		
Self-Employed Registered Individuals		
Unregistered Mortgage or Protection Advisers		
Paraplanners and other Technical Staff		
Administrative Staff		

4. Please advise whether any Proposing Entities or any director/partner/principal, employee or any other individual for whom cover is required under this policy has any financial interest in any platform, wrap or product provider or whether any other potential conflicts of interest exist? **If yes, please provide details.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5. Please advise whether any director/partner/principal, employee or any other individual for whom cover is required under this policy has been a director/partner or principal of a company that has been wound up, ceased to trade, has no assets, or has been subject to regulatory enforcement action. **If yes, please provide details.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. Please confirm that all retail investment advisers hold a Statement of Professional Standing (SPS).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



**SECTION C - COMPLIANCE & REGULATION**

1. Please provide details of how the Compliance Function is managed. If outsourced to a specialist provider then please provide the name

2. What proportion of new business files are checked before the recommendations are presented  %

3. What proportion of new business files are checked after any recommendations are presented  %

4. Please provide the location(s) of any individual not based at the **Main Office Address**

5. Was each individual referred to above the subject of a Compliance Audit in the last 12 months
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

6. Please provide the principal firm's FCA authorisation number

7. Please indicate whether any Proposing Entities have received, or are on notice of, a visit from a Regulator.
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

**If yes** please provide the date of the visit and a copy of the report.

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8. If any of the Proposing Entities operate on a Tied or Multi-Tied basis please provide the name of the product provider(s) in the box below

9. Do any of the Proposing Entities offer restricted advice
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

10. **If yes** please provide details below



11. Please provide details below of any complaints or claims **ever** made against any of the Proposing Entities listed in section A of this proposal form, and any circumstances or other notifications **ever** made on **any** professional indemnity insurance policy

Date	Summary (including transaction amount and whether claim is open or closed)	Amount Paid

12. Are any of the Proposing Entities aware, after making appropriate enquires with all principals, employees, self-employed persons and appointed representatives, of any claims or circumstances which may give rise to claims which have not already been notified in writing to insurers? 

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
13. Have any Proposing Entities sustained any loss during the past ten years as a result of the fraud or dishonesty of any director / partner/ principal / employee / self-employed person? 

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
14. Have any applications for insurance on behalf of any Proposing Entities or any of the present directors/partners/principals or, to the knowledge of the proposing entity, on behalf of their predecessors in business ever been declined or has any such insurance ever been cancelled or renewal refused? 

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>



**SECTION D – INCOME**

1. Please confirm the date of your last financial year end prior to the policy inception date

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2. Please advise for the financial year-end identified in Question 1 above and the previous 4 financial years (where applicable), the total gross income of all Proposing Entities generated by all principals/employees/self-employed persons and appointed representatives

Last Complete Financial Year	£	
Previous Financial Year	£	
Previous Financial Year	£	
Previous Financial Year	£	
Previous Financial Year	£	

3. Please advise/estimate for the current financial year the total gross brokerage/commission/fee income that all Proposing Entities currently trading expect to achieve

£	
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4. Please indicate the percentage of gross income for the last complete financial year, as disclosed in Question 1 above, derived from the following categories

	Corporate		Private	
Pensions		%		%
Investment		%		%
Non-investment Life & Protection		%		%
General Insurance		%		%
Mortgage		%		%
Other (please provide details below)		%		%
<b>Grand Total</b>				<b>100%</b>





**SECTION E – PENSIONS AND INVESTMENTS**

1. Please indicate the number of single premium or annual investments made in the last financial year where the sum invested was;

**Please include annual or new investments into pensions but not Pension Transfers, Pension Switches, investment fund switches or BED/ISA switches**

Less than £25,000	
Equal to or more than £25,000 but less than £100,000	
Equal to or more than £100,000	

2. Please indicate the number of investments disclosed in Question 1 above that are categorised as **Replacement Business**. For the avoidance of doubt “replacement business” means the surrender or encashment (full or partial) of any existing investment of any description with the intention of re-investing the proceeds in any other investment.

Less than £25,000	
Equal to or more than £25,000 but less than £100,000	
Equal to or more than £100,000	

3. In respect of ongoing investment advice, please indicate the number of investment portfolios advised on in the following ranges

Less than £100,000	
Equal to or more than £100,000 but less than £250,000	
Equal to or more than £250,000 but less than £500,000	
More than £500,000	

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

Investment Fund	Total Client Funds Invested	Number of Investments

5. The regulator has previously identified a key failure in advice as over concentration of investment in a single product or product type or asset class resulting in increased risk due to the lack of diversification. Please provide specific details of the limits imposed on investment in a client’s investment portfolio, the circumstances these limits may be exceeded and any other steps taken in order to minimise risk by diversifying investment portfolio. Continue on an additional sheet if required.



6. Have any Proposing Entities ever recommended that a client borrow in order to invest? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
7. If access to funds held within an investment bond is required, please confirm that the client is provided with a written chargeable event calculation prior to any surrender (partial or full)? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
8. When e-mail instructions are received to encash any investment, is the client contacted in order to ensure the email supplying the account details for the proceeds is genuine and not from a hacked email account? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
9. Has any advice or services been provided with regards to any investment that has had new investment and/or redemptions suspended, had the assets re-valued or is insolvent. **If yes, please provide details.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
10. Has any advice or services been provided with regards to any investment or deposits with or in securities issued by any Financial Institution that is insolvent or is unlikely to be able to meet its obligations. **If yes, please provide details.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
11. Have any Proposing Entities **ever** provided advice or services with regards to, or arranged investment in any of the following or collective investments that have funds invested in any of the following

Product/Service	Yes	No
Structured Products	<input type="checkbox"/>	<input type="checkbox"/>
Hedge Funds	<input type="checkbox"/>	<input type="checkbox"/>
Unregulated Collective Investments or any other Unregulated Product/Scheme	<input type="checkbox"/>	<input type="checkbox"/>
Split Capital Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>
Traded Life Policies/ Viatical Settlements/Senior Life Settlements	<input type="checkbox"/>	<input type="checkbox"/>
Traded Endowment Plans	<input type="checkbox"/>	<input type="checkbox"/>
Bridging Finance	<input type="checkbox"/>	<input type="checkbox"/>
Peer to Peer Lending or Crowd Funding	<input type="checkbox"/>	<input type="checkbox"/>
Social Impact Investments (Not including ethical funds)	<input type="checkbox"/>	<input type="checkbox"/>
Exchange Traded Products (ETF, ETC, ETP etc)	<input type="checkbox"/>	<input type="checkbox"/>
Any Geared or Leveraged Investment (Not including investment trusts)	<input type="checkbox"/>	<input type="checkbox"/>
Own branded Collective Investment Funds	<input type="checkbox"/>	<input type="checkbox"/>
Residential Property excluding direct buy to let investments e.g. EPUTs	<input type="checkbox"/>	<input type="checkbox"/>
EBT, FURBS or any similar product	<input type="checkbox"/>	<input type="checkbox"/>
Pension Fund Trustee Services	<input type="checkbox"/>	<input type="checkbox"/>
Pension Fund Management Services	<input type="checkbox"/>	<input type="checkbox"/>
Tax planning /mitigation schemes such as EIS, VCT, BPR, AIM etc	<input type="checkbox"/>	<input type="checkbox"/>
Auto Enrolment	<input type="checkbox"/>	<input type="checkbox"/>
Non-UCITS Retails Schemes (NURS)	<input type="checkbox"/>	<input type="checkbox"/>
Non-Investment Grade Corporate Bonds and/or Mini Bonds	<input type="checkbox"/>	<input type="checkbox"/>
Non-Standard Assets	<input type="checkbox"/>	<input type="checkbox"/>

**If you have answered YES to questions 9, 10 or 11 above then please provide details in the supplementary questionnaire at the back of this form**

12. With regards to any tax planning /mitigation schemes arranged, please confirm;
- i) That all investors were advised as to the high risk nature of the investment 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- ii) That all investors were warned as to the possibility of HMRC challenging the status of the scheme and the implications of the challenge being successful 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
- iii) Whether HMRC **has** indicated that they intend to challenge the tax benefits of any product arranged on behalf of any client 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



13. Do any Proposing Entities have discretionary management permissions? **If yes please request and complete the CMS Portfolio Management Questionnaire.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14. Have any Proposing Entities ever arranged or facilitated an investment with a DFM on behalf of a client?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

15. Which Discretionary Fund Manager(s) are used and what due diligence is carried out on them?

16. Out of the options below, please confirm the basis of the agreement with each Discretionary Fund Manager(s) in place and also confirm that each Client is made aware of this arrangement in writing:

<b>(i)</b>	Agent of the Client (where the Client/Investor contracts directly with the Discretionary Fund Manager)	
<b>(ii)</b>	Agent as the Client (where the Client/Investor is deemed to be the IFA)	
<b>(iii)</b>	If "Other" or you are unsure, please provide full details	

17. Do the Proposing Entities ensure that any investment or product recommended by a Discretionary Manager is suitable and in keeping with the clients ATR

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

18. Do any of the Proposing Entities have a financial interest in any DFM whose services they have recommended to a client? **If yes, please provide details below.**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



**19. Defined Benefit Occupational Pension Schemes**

a) i) Have any Proposing Entities provided any advice and or services with regards to transfers or opt outs from any **Defined Benefit Occupational Pension Schemes**? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

ii) Do the Proposing Entities intend to provide advice and/or services with regards to opt outs or transfers from defined benefit occupational pension schemes in the next 12 months 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

b) Please provide the names and details of the experience and qualifications of the individuals authorised to provide Pension Transfer advice.

Names	Qualifications	Experience

c) i) Please provide the number of transfers from any **Defined Benefit Occupational Pension Schemes** the Proposing Entities have arranged **since June 1994** and provide the average and largest transfer value.

Number of transfers	Average Transfer Value	Largest Transfer Value

- ii) How many of the above transfers have been arranged since 6<sup>th</sup> April 2015 

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- iii) How many transfers have been arranged for clients under the age of 55? 

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- iv) How many transfers have been arranged for clients introduced by third parties? 

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- v) What is the maximum number of transfers that have been arranged from the same Employer scheme? 

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- vi) How many clients have been advised **against** transferring after initial contact but before providing full analysis, report and recommendation? 

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- vii) How many clients have been advised **against** transferring after receiving full analysis, report and recommendation? 

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- viii) How many transfers were arranged on an insistent client basis? 

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d) Do the Proposing Entities refer/introduce clients to Pension Transfer Specialists (PTS) for advice? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

i) If yes, what due diligence is conducted on any PTS that clients are referred to?  

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ii) Please name all PTS that clients have been referred/introduced to:  

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iii) Do the Proposing Entities have a formal agreement/contract in place to clarify each party's responsibilities/liabilities? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

iv) Please complete the table below:

Number of clients referred/introduced	
Number of clients transferred after referral	

v) Please confirm who is responsible for implementing the investment proposition  

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20. Please provide the number of transfers to a **QROPS, QNUPS or any similar product** that any of the Proposing Entities has **ever** arranged and provide the average and largest transfer value

Number of transfers	Average Transfer Value	Largest Transfer Value

21. Have any QROPS, QNUPS or similar products been arranged for a client that has remained a UK resident after the transfer?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

22. Have any of the Proposing Entities ever provided any advice or services with regards to any pension busting, liberation or unlocking scheme or any other arrangement that seeks to circumvent HMRC rules?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

23. Have any of the Proposing Entities advised a client not to take a Guaranteed Annuity Rate (GAR).
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

24. In all instances where a client has been advised to give up a GAR, please confirm that they have been provided with details of the income available under the GAR.
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

25. Please complete this question if any Proposing Entities have transacted/given advice in respect of **Unsecured Pensions** - please include Drawdown, Phased Retirement, 3<sup>rd</sup> Way products or Alternatively Secured Pensions, Flexi-Drawdown. If not, please put 'not applicable'.

	Number of cases transacted where original fund value was less than £100,000	Number of cases transacted where original fund value was between £100,000 and £300,000	Number of cases transacted where original fund value was over £300,000	Largest original fund value	Number of Annuity cases transacted (excluding Phased Retirement cases)
2018					
2019					
2020					
2021					
2022					

- i) How many of the above cases took greater than 25% of the fund as a lump sum?

- ii) Were the taxation implications of taking greater than 25% of the fund as a lump sum discussed with, and illustrated to, all clients ?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- iii) Were the ramifications of taking greater than 25% of the fund as a lump sum on income in retirement discussed with and clearly illustrated to all clients ?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- iv) Were any of these transactions arranged on an “insistent client” basis?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- v) If yes, was the guidance on the FCA factsheet No. 035 “Pension reforms and insistent clients” followed?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |



26. Please provide the number of Pension Switches from Personal Pensions to Self Invested Personal Pensions (SIPP) in the last 5 years

Number of Switches	
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i) What percentage of switches have been made to schemes that are more expensive than the ceding scheme or a stakeholder plan?

ii) Please provide the name of the top 3 receiving schemes product provider

Provider	Percentage of Switches

27. Have any of the Proposing Entities arranged a Self Invested Personal Pension (SIPP) for a client without advising on the suitability of the investments to be held within the SIPP? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

28. How many SIPPs have been arranged on behalf of clients to purchase commercial property?   
 i) Were all of these SIPPs advised/arranged on behalf of business owners looking to purchase their own business premises? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

29. Have any Proposing Entities ever advised and/or arranged a switch to a SIPP where the underlying investments are managed by a DFM? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

30. Have any Proposing Entities ever acted as a SIPP provider? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

31. Have any of the Proposing Entities arranged a SIPP for the purpose of investing in any product, investment or scheme not regulated by the FCA or any predecessor? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

32. Have any Proposing Entities ever advised/arranged a SIPP on behalf of any client referred to you by an unregulated introducer? 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If the answer is Yes to 27, 29, 30 or 31 please provide details below**



**SECTION F – MORTGAGES**

- 1. Have any Proposing Entities **ever** provided advice or services with regards to any of the following or collective investments that have funds invested in any of the following

	Yes	No
Full Status Residential Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Prime Residential Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
Self-Certification Residential Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
Buy to Let Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
Second Charge Mortgages/Secured Loans	<input type="checkbox"/>	<input type="checkbox"/>
Unsecured Loans	<input type="checkbox"/>	<input type="checkbox"/>
Bridging Loans	<input type="checkbox"/>	<input type="checkbox"/>
*Equity Release/Home Reversion/Lifetime Mortgages/Sale and Rent Back	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Interest Only Mortgages	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage Packaging	<input type="checkbox"/>	<input type="checkbox"/>
Non-Investment Life/Protection (including CI and PHI)	<input type="checkbox"/>	<input type="checkbox"/>
Private Medical Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Buildings and Contents Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Landlords Insurance	<input type="checkbox"/>	<input type="checkbox"/>
ASU/ASR	<input type="checkbox"/>	<input type="checkbox"/>
PPI	<input type="checkbox"/>	<input type="checkbox"/>
Other (if yes please provide details below)	<input type="checkbox"/>	<input type="checkbox"/>

**\* Please complete the Equity Release Questionnaire**

- 2. Have any of the Proposing Entities for which cover is required ever advised on commercial insurance?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**Declaration**

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances

**Signature of Director/Partner/Principal**

**Name**

**Date**

How to sign electronically



**ADDITIONAL INFORMATION**

A large empty rectangular box intended for providing additional information.





### Marketing

Collegiate would like the opportunity to send you relevant information which may be of interest to your business, including product and industry news. By ticking the boxes below, you are consenting to the use of your data for the purpose of marketing activities only. The data will be used only by Collegiate and will never be sold or passed onto third party companies for marketing purposes.

Please let us know if you would like us to contact you by any of the below means:

Yes, I would like to receive Marketing Communications by:

Post

Email

Phone

SMS

Your consent and preference options can be updated or withdrawn anytime by clicking the unsubscribe link on our communications

### Data Protection

Collegiate Management Services Ltd (the Data Controller) are committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation. Below is a summary of the main ways in which we process your personal data, for more information please visit our website at [www.collegiate.co.uk](http://www.collegiate.co.uk)

We may use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes, for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us or which we feel may interest you. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

We may disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, affinity partners, brokers, agents, third party administrators, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, fraud detection agencies, loss adjusters, solicitors/barristers, accountants, regulatory authorities, and as may be required by law.

We may transfer your personal data to destinations outside the European Economic Area ("EEA"), and we will ensure that it is treated securely and in accordance with the Legislation.

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict processing, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

Your data will not be retained for longer than is necessary, and will be managed in accordance with our data retention policy. In most cases, the retention period will be for maximum period of 7 years following the expiry of our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.



**If you have answered YES to questions 9, 10 or 11 in Section E above then please provide details in table below**

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

**This information may be submitted as a spreadsheet**