
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. Please note that your disclosure obligations are not limited to responding to the questions raised in this proposal form and you must make a fair presentation of the risk. If you have any questions in respect of your disclosure obligations, you should discuss these with your broker.
5. If you have insufficient space to complete any of your answers, please continue on your headed paper.
6. If you have a brochure about your Practice's operation(s), please submit it with this proposal.
7. 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.
8. 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 Mutual Insurance Europe SE ("Liberty") contact. Please complete this form in full 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

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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 (including all those subject to the SMR)

- a. Financial advisers (inc. self-employed advisers and AR's)
- b. Mortgage Advisers compliance staff (inc. self-employed advisers and AR's)
- c. Paraplanners and other technical staff subject to Certification regime

6. Advisers

- a. Number of self-employed financial and mortgage/protection 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?
(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

8. Compliance

a. Who is your Compliance Officer and what is their experience in this field? Yes No

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 serviced clients annually and comply with all duties provided in your Servicing agreements/Client Agreement proposition Yes No

i. Is a diary system or automatic reminder in place to ensure any agreed on-going service? Yes No

ii. Please confirm if you have decided if you can continue to receive trail commission on pre-RDR assets? 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?

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.

f. Do you have GDPR details and mandate section(s) within your client agreement? Yes No

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	£

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11. What percentage of your income is derived from your appointed representatives? %

12. 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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13. 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 <input type="checkbox"/> No <input type="checkbox"/>	%
b. Investment Sales & Advice (if now or ever, please complete Section 2)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
c. Employee Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
d. Mortgage Sales & Advice (if now or ever, please complete Section 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
e. General Insurance Sales and Advice (if now or ever, please complete Section 4)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
f. Life & Protection Sales & Advice (including health) Group Individual	Yes <input type="checkbox"/> No <input type="checkbox"/>	% %
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"/>		
g. 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"/>	%
h. Other (please supply full details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
Total		100%
i. What percentage of your investment advice is of a holistic nature?		%

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14. a. Approximately, what proportion of business is sold on an execution-only basis? %
- b. Is such business fully documented, including a signed instruction by the client as being execution-only and a confirmation of such also sent to the client and recorded on file? Yes No
15. 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
16. 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
17. 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 to investors/clients? Yes No
18. 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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19. Current insurance

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

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

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period Continuous Insured

20. 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

21. 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

22. 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

23. 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 13a. or 13b. 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?

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, including following the prescribed three stage insistent customers process recognised by FCA?

If 'No', please explain

2. In respect of investments covered by 13a. or 13b. 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 £300,000	
Equal to or more than £300,000	

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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. Does the insured hold on their file the client permission (e-mail or signed confirmation) before rebalancing clients' portfolios and under what circumstances might you consider exceeding the above permission thresholds?

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?

9a. If the insured recommends/facilitates a third party DFM, please include the name of the DFM and confirmation that due diligence has carried out on them by the insured. If the insured has own in-house DFM please can we have full details on this area

9b. Out of the options below please can the insured confirm what business arrangement they have agreed between the DFMs and the firm and confirmation that each client is made aware in writing of this arrangement?

i. Agent of the client (where the client/investor contracts directly with the DFM) Yes No

ii. Agent as the client (where the client is deemed to be the IFA) Yes No

iii. If 'Other' or you are unsure please provide full details

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9c. If agreement is on an Agent as client basis:

- i. are you responsible for the initial and ongoing suitability of the underlying investment funds? Yes No
- ii. are you responsible for informing the client of any drop of 10% or more in value of investment holdings/portfolio? Yes No
- iii. please can you confirm that you have reviewed TOB with DFM and aware of any other duties that fall on the insured as acting as Agent as the client? Yes No

10. 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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11. 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 – if any Pension Transfer undertaken please also complete the supplementary questionnaire

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

- 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

- 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?

12. What's the highest critical yield (not the hurdle rate) you have or would recommend for a client transferring from a Defined Benefit Pension Scheme 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

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

14. 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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15. 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
Pre 2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				

- b. Number of cases taking maximum drawdown
- c. How many of the above cases represent the client's sole retirement funds? (excluding state benefit provisions)
- d. The number of cases where initial fees or commissions exceeded 3% of the transfer value Excluding the Tax Free cash element
- e. How many of the above cases represent the client's sole retirement funds? (excluding state benefit provisions)
- f. Has any client withdrawn their entire pension fund as a lump sum? Or amount in excess of their tax free lump sum?

If 'Yes', please provide number and reason(s) why

- 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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16. 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

17. Has the proposer ever provided advice/services with regards to any pension unlocking, pension busting or any pension liberation scheme?

Yes No

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

	Number of Switches	Average Fund Value	Largest Fund Value
Pre 2014			
2015			
2016			
2017			
2018			
2019			
2020			
2021			
2022			

- 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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19. Please confirm if any proposing entity for whom cover is required has ever 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

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20. Please confirm if any proposing entity for whom cover is required has ever 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

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

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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22. 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 Advanced Payment Notice (APN)? Yes No
- d. Have any of these products been recommended to clients with a caution or balanced attitude to risk (ATR)? Yes No
- If 'Yes' how many?

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 <input type="checkbox"/> No <input type="checkbox"/>	%
b. Equity Release, Home Reversion etc	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
c. Sale and Rent Back	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
d. Sub-Prime Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
e. Self-Certification Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
f. Secure Loans	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
g. Buy-To-Let Mortgages	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
h. Commercial Mortgages (other than in g. above)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%
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 the Equity Release Council 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
- If 'Yes', is that always full researched (if not, please provide full details) Yes No
5. Has the firm recommended a mortgage product where the interest rate for a similar product is cheaper? Yes No
- If 'Yes', were the reason(s) for selecting the more expensive product fully explored and explained to the client and recorded on file?

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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 <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"/>	%
Total		100%

2. 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

3. 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

4. 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

5. If the insured handles client money, are the FCA CASS rules complied with? Yes No

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SUPPLEMENTARY DEFINED BENEFIT/ FINAL SALARY PENSION TRANSFERS QUESTIONNAIRE

1. Please complete the following table in relation to the number of Defined Benefit / Final Salary Pension Transfers transacted (whether fully advised or not) since Pensions Freedoms (6 April 2015)

Time Period	Total Number of Enquiries	Total Number of Cases Facilitated / Transacted	No of "Insistent Clients"	No of EPT/ETV Transfer Clients	No of Clients advised <i>not</i> to Transfer
6 April 2015 – 31 March 2019					
1 April 2019 onwards					

2. Do you intend to continue providing Defined Benefit Pension Transfer Advice? Yes No

If 'Yes', please complete the following questions

3. How many cases do you currently have in your pipeline (i.e. cases that have gone through the initial triage and where the advice process has begun but not yet completed)?
4. How many additional cases do you anticipate for the remainder of your current policy period?
5. Please provide a brief synopsis of how you anticipate attracting these additional cases (for example, but not limited to, purely organic growth from your existing client bank, a concentrated marketing campaign, receiving enquiries from other regulated introducers etc.)

6. Have you obtained the Pension Transfer Gold Standard? Yes No

*The Pension Transfer Gold Standard as set out by the Personal Finance Society.
www.thepfs.org/about-us/initiatives/the-pension-transfer-gold-standard/

PROFESSIONAL INDEMNITY INSURANCE FINANCIAL ADVISERS PROPOSAL

DECLARATION

I accept that completion of this proposal form does not bind the Proposer or Liberty Mutual Insurance Europe SE to effect a contract of insurance.

I hereby declare that I am authorised to complete this proposal on behalf of the Proposer that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

Liberty Mutual Insurance Europe SE will rely on the answers that you have provided in this proposal form and if there are any material changes to the answers following completion of this proposal form then you must advise Liberty Mutual Insurance Europe SE or your broker immediately.

A material fact or change is defined as a circumstance or representation that would influence the judgment of a prudent insurer in determining whether to take the risk and if so, on what terms.

If there are any other circumstances or facts which you believe Liberty Mutual Insurance Europe SE should be made aware of, then please disclose them. If you are in any doubt whether a fact is material, you should disclose it.

I/we accept and acknowledge that the truth of statements, answers and information supplied in connection with this application has been relied on by Liberty Mutual Insurance Europe SE in deciding whether or not to effect a contract of insurance and on what terms.

SIGNATURE OF PRINCIPAL:

DATE:

PRINT NAME:

POSITION:

PROFESSIONAL INDEMNITY INSURANCE FINANCIAL ADVISERS PROPOSAL

IMPORTANT INFORMATION

PRIVACY NOTICE

How Liberty Specialty Markets uses your personal data

Liberty Specialty Markets takes the protection of your personal data seriously and is committed to protecting your privacy. There are a number of different companies within our group. The specific company within Liberty Specialty Markets which acts as the “data controller” of your personal data will be the organisation providing your policy as set out in the documentation that is provided to you. If you are unsure you can also contact us at any time by e-mailing us at dataprotectionofficer@libertyglobalgroup.com or by post at Data Protection Officer, Liberty Specialty Markets, 20 Fenchurch Street, London EC3M 3AW, UK. Where you provide us or your agent or broker with details about other people, you must provide this notice to them. In order for us to deliver our insurance services, deal with any claims or complaints that might arise and prevent and detect fraud, we need to collect and process personal data. The type of personal data that we collect will depend on our relationship with you: for example as a policyholder, third party claimant or witness to an incident. Your information will also be used for business and management activities such as financial management and analysis. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, credit reference agencies, claims handlers and loss adjusters, professional advisors, our regulators or fraud prevention agencies. We also collect personal data about our suppliers and business partners (such as brokers) for the purposes of business management and relationship development.

Please see the full privacy notice available at www.libertyspecialtymarkets.com/privacy-cookies for further information on how your personal data is used and the rights that you have in relation to the personal data we hold about you.

Please contact us using the details above if you wish to see the privacy notice in hard copy.

YOUR INSURER

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LMIE’s UK branch registered address is 20 Fenchurch Street, London, EC3M 3AW which is authorised by the Commissariat aux Assurances and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority (registered number 829959). Details about the extent of regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from LMIE on request.

www.libertyspecialtymarkets.com

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