

Financial Services Supplementary Questionnaire



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Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

Main Trading Name of the Business ('The Proposer'):

Section 1 - FCA Authorisation/Regulation

Within the last 5 years have you:

a)	received a regulatory visit for routine compliance monitoring purposes?	Yes	No
b)	received any type of TCF audit or assessment from the regulator?	Yes	No
c)	been asked by the regulator to take part in any risk based monitoring?	Yes	No
d)	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', to any of the above, please supply a copy of the FCA or FSA Report/Assessment Letter together with any subsequent correspondence pertaining thereto.

Section 2 - Risk Management

Yes No

Do you keep client records indefinitely?

Yes No

If 'NO', please explain how you would protect your position against potential claims:





Section 3 - Business Profile

Please advise the approximate split of your total Financial Services income during your last completed Financial Year by the following categories:

Category	Activity conducted within the last 10 years?	Total %		
a) Pension Sales & Advice (if any, please complete Section 4)	Yes No	%		
b) Investment Sales & Advice (if any, please complete Section 5)	Yes No	%		
c) Mortgage Sales & Advice (if any, please complete Section 6)	Yes No	%		
d) General Insurance Sales & Advice (if any, please complete section 7)	Yes No	%		
e) Life & Protection Products Sales & Advice (excluding health): Group	Yes No	%		
Individua	Yes No	%		
f) Health Insurance Sales & Advice: Group	Yes No	%		
Individua	Yes No	%		
Have you re-broked any CIC contracts or benefits? Yes No				
If Yes, is there always an audit trail detailing the reasons Yes No 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?				
g) Long Term Care:	Yes No	%		
Please confirm that all advisers involved in LTC have Yes No passed the Long Term Care examination (CF8).				
h) IHT/Estate Planning	Yes No	%		
i) Other (please supply full details)	Yes No	%		
Total Financial Services Income & Percentage split must equal 100%	o £	%		
With regard to the business disclosed above, please advise the approximate percentage of this income that relates to Holistic Financial Planning/Wealth Management/Asset Management:				

During the last 5 years have you issued any direct offer or financial promotion to clients promoting a particular product or products?

Yes No

If 'YES', please provide full details below:





No

Do you have, or have you ever had, any involvement with any syndicate, trust, portfolio, fund or investment as either a Trustee, Director or any other position of responsibility for which cover is required under this policy?

Yes

If 'YES', please provide full details below:

Section 4 - Pensions

For completion if income is disclosed under (a) of the Business Profile

Please advise the approximate split of income by the following categories:

Category	within	conducted the last 10 ears?	Personal (Individual) Advice	Corporate (Group) Advice	Total
a) Personal Pension Plans	Yes	No	%	%	%
b) Self-Invested Personal Pensions	Yes	No	%	%	%
c) Small Self-Administered Schemes	Yes	No		%	%
d) Executive Pension Plans	Yes	No	%	%	%
e) Alternatively Secured Pensions	Yes	No	%		%
f) Individual Pension Accounts	Yes	No	%		%
g) Qualified Recognised Overseas Pension Schemes (QROPS)	Yes	No		%	%
h) Defined Benefit Schemes	Yes	No	%	%	%
i) Pension Fund Administration	Yes	No	%	%	%
j) Pension Fund Management	Yes	No	%	%	%
k) Pension Trustee Work	Yes	No	%		%
I) Annuities	Yes	No	%		%
m) Income Drawdown/Unsecured Pension/Phased Retirement	Yes	No	%		%
n) Pension Unlocking (other than in (m) above)	Yes	No	%	%	%
o) Pension Transfers - from money purchase schemes	Yes	No	%	%	%
p) Pension Transfers - from defined benefit schemes	Yes	No	%	%	%
q) Other	Yes	No	%	%	%
			Total must	equal 100%	%





IMPORTANT - Have any pensions ever been invested within investments of the types defined under Yes No items (g), (h) or (i) of the Section 5: Investment Questionnaire?

If 'YES', please provide full details on a separate sheet including dates of investment, product type and provider, amount invested, amount invested as a proportion of the client's overall pension portfolio and the current or final value of the investment.

Do you always recommend that no more than 25% of a client's overall pension portfolio is Yes No invested within a single fund?

If 'NO', in what circumstances would you recommend greater than 25% of a client's overall pension portfolio is invested within a single fund?

Section 5 - Investments

For completion if income is disclosed under (b) of the Business Profile

Please advise the approximate split of income by the following categories:

		nducted last 10 years?	Total %
a) Insurance/Investment Bonds i) UK (excluding Channel Islands and Isle of Man)	Yes	No	%
ii) Offshore	Yes	No	%
b) Unit Trusts/ISAs i) UK (excluding Channel Islands and Isle of Man)	Yes	No	%
ii) Offshore	Yes	No	%
c) Mortgage Linked Endowments	Yes	No	%
d) Regular Savings Products (including endowments not linked to mortgages)	Yes	No	%
e) Structured Products (including Precipice Bonds) if now or within the last 10 years, please download and complete the Structured Products Questionnaire	Yes	No	%
f) Private Client Portfolio Management (please state whether discretionary or not and supply a copy of the contract)	Yes	No	%
Investment Values:			
Average £			
Largest £			
g) Unregulated Collective Investment Schemes	Yes	No	%





h)	Investment vehicles designed/used specifically for tax mitigation reasons, e.g. (and not restricted to) Film Partnerships, EZT's, VCT's, Carbon Trading Partnerships, Mergers and Acquisitions, etc If any, please state which types of investment utilised.	Yes	No	%
i)	Other investment vehicles including (and not restricted to) TEPs, viaticals/ traded life policies, securities dealing, commodities dealing, investment in tangibles, Hedge Funds, Property Funds, Split Capital Investment Trusts, etc If any, please state which types of investment utilised.	Yes	No	%
		Total mu	st equal 100%	%

IMPORTANT - Have any investments been made within investments of the types defined Yes under items (g), (h) or (i) above?

No

If 'YES', please provide full details on a separate sheet including dates of investment, product type and provider, amount invested, amount invested as a proportion of the client's overall investment portfolio (excluding pension investments) and the current or final value of the investment.

Have you ever promoted, recommended, advised upon or arranged an Offshore Bond product?

Yes

No

If 'YES', please state the product providers and offshore territories utilised:

Do you always recommend that no more than 25% of a client's overall investment portfolio (excluding pensions) should be invested within a single fund?

Yes

No

If 'NO', in what circumstances would you recommend greater than 25% of a client's overall investment portfolio (excluding pensions) is invested within a single fund?





Compromised Investment Products - Provide details below of any products (for example: Structured Products, SIPP Investments, Discounted Gift Trusts) where the bank, product provider, any other financial institution or fund/investment is: insolvent, has a known liquidity problem, has otherwise failed (for example Lehman Brothers, Kaupthing Singer and Friedlander, Keydata and Arch Cru Investments) or is under investigation by the Police, Serious Fraud Office, FCA, SEC or other regulatory authority in relation to allegations of fraud (for example Madoff).

Investment Date	Client	Investement Value	Provider	Product and issue/series	Percentage of total investment portfolio
					%
					%
					%
					%
					%

Section 6 - Mortgage Broking

For completion if income is disclosed under (c) of the Business Profile

Please advise the approximate split of income by the following categories:

Category	Activity conducted within the last 10 years?		Total %
a) Residential Mortgages (excluding b), c) and d) below)i) Repayment mortgages	Yes	No	%
ii) Interest-only mortgages	Yes	No	%
b) Equity Release, Home Reversion etc	Yes	No	%
c) Sub Prime Mortgages	Yes	No	%
d) Self-certification Mortgages	Yes	No	%
e) Secured Loans	Yes	No	%
f) Commercial Mortgages (excluding Buy to Let)	Yes	No	%
g) Buy to let	Yes	No	%
		Total	%





Is all commercial advice/sales (other than Buy to Let) conducted in accordance with the NACFB regulations?

Yes

No

If 'NO', please provide full details of alternative procedures in place.

In respect of Section 6, catagories above, please confirm:

The average mortgage loan amount		The largest mortgage loan amount		
a) i)	£	a) i)	£	
a) ii)	£	a) ii)	£	
b)	£	b)	£	
c)	£	c)	£	
d)	£	d)	£	
e)	£	e)	£	
f)	£	f)	£	
g)	£	g)	£	

Equity release and Home Reversion type products

a)	If you have ever arranged, intend to arrange, or offer advice on equity release or
	Home Reversion type products, is it your standard procedure to deal only with
	providers that abide by the SHIP code?

Yes No

If 'NO', please provide full details of alternative procedures in place.

b)	What is your total income for the last 12 months derived from such products?	£		
c)	What is the anticipated income derived from such products for the next 12 months?	£		
d)	Have you given/will you give advice on the release of funds from property and the subsequent reinvestment of the fund released, other than in respect of care home fee planning/long term care planning etc?	,	Yes	No
e)	If Yes, do you advise on products that encourage the release of equity for the purpose of investment in a specific and pre-defined product of a higher risk nature than property?	,	Yes	No
f)	Do you insist on/recommend (with a record) the involvement of a solicitor in the advice process?	,	Yes	No
g)	Do you insist on/recommend (with a record) the involvement of family members/heirs in the advice process?	•	Yes	No
h)	Do you always ensure that alternative means of raising capital are considered, and that the deliberations are recorded?	е ,	Yes	No





If you arrange, or have in the past arranged, self-certification mortgages:

Do you provide confirmation to the lender that an applicant's stated income is correct Yes No and the loan amount is affordable?

If Yes, is this always fully researched? (If 'NOT', please provide further details) b) Yes No

Section 7 - General Insurance Broking

For completion if income is disclosed under (d) of the Business Profile

Please advise the approximate split of income by the following categories:

Category	Activity conducted within the last 10 years?		Total %
a) Equity Release, Home Reversion etc	Yes	No	%
b) General/Personal Lines Insurance (ex Motor, non-marine and PPI)	Yes	No	%
c) PPI (Regular Premium)	Yes	No	%
PPI (Single Premium)	Yes	No	%
d) Motor - Commercial	Yes	No	%
Motor - Private	Yes	No	%
e) Aviation (please detail on a separate sheet)	Yes	No	%
f) Marine (please detail on separate sheet unless private pleasure craft)	Yes	No	%
g) Reinsurance (please detail on a separate sheet)	Yes	No	%
		Total	%

Binding Authorities

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 terms and/or cover?

Yes No

If 'YES', the completion of a separate questionnaire will be required.

Download the Binding Authority Questionnaire using this link





Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Policy and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: http://www.championprofessionalrisks.co.uk/privacy

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance. I/we undertake to inform the Insurer.

IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.

Date:

Signature of principal / director / partner:

This form allows you to create a digital signature by following the instructions after you click on the signature box.

However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.

Please don't forget to attach/send any required additional information to support your submission.