

PROFESSIONAL INDEMNITY INSURANCE FINANCIAL SERVICES QUESTIONNAIRE FOR SOLICITORS

FEES FROM FINANCIAL SERVICES WORK

Please state total fees derived from financial advice that was / is directly regulated by the FSA:

Last Complete Year	Current Year Estimate	Year End Date
£	£	

Please specify the percentage of this income derived from the following:

	Last Complete Year / /	Current Year Estimate / /
Investment in Unit Trusts or Investment Trusts		
<i>United Kingdom</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
<i>Offshore including Channel Isles and Isle of Man</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Investment in Insurance Bonds		
<i>United Kingdom</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
<i>Offshore including Channel Isles and Isle of Man</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Investment in Listed / Unlisted Securities		
<i>United Kingdom</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
<i>Offshore including Channel Isles and Isle of Man</i>	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Investment in Commodities	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Investment in Bonds	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Investment in Tangibles (e.g. fine art)	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Institutional Fund Management	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Split Capital Investment Trusts	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Endowments including Mortgage Endowments	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Pensions and Free-standing AVC's	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Life Assurance Products including whole of life plans	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Corporate Finance	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Home Income Plans / Equity Release Schemes	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Other (please give details)	<input style="width: 100%;" type="text"/> %	<input style="width: 100%;" type="text"/> %
Total	<input style="width: 100%; color: #003366;" type="text"/> 100%	<input style="width: 100%; color: #003366;" type="text"/> 100%

Do you manage or have you managed any discretionary portfolios on behalf of any client?
If 'Yes', please provide a detailed explanation below.

Yes No

On what categories of investment business are you or were you authorised by the FSA to provide advice?

Has your firm ever been the subject of a complaint made to the Financial Ombudsman Service or any equivalent professional organisation? If 'yes', please provide a detailed explanation below.

Yes No

PENSION TRANSFERS AND OPT-OUTS, FREE-STANDING AVC'S, MORTGAGE ENDOWMENTS AND SPLIT CAPITAL INVESTMENT TRUSTS

(a) Has your firm at any time given advice on, or been involved in arranging Pension Transfers / Opt-Outs / Non Joiners?

Yes No

If 'Yes', in what capacity did your firm act?

As a Financial advisor providing advice to clients?

Yes No

As an introductory agent only for a permitted Third Party?

Yes No

Please also provide details of:

Gross fees (including commission) received from these activities

Number of pension cases dealt with by your firm

How many cases have been reviewed by your firm?

How many cases are yet to be reviewed?

How many Review cases require redress?

What is the average redress for these cases?

(b) Has your firm at any time given advice on, or been involved in arranging Free-Standing Additional Voluntary Contributions (FSAVC's)?

Yes No

If 'Yes', please complete the following:

How many FSAVC's were effected in total?

What is the average contribution in respect of these FSAVC's

How many cases require Review within the stipulations of the FSA?

How many Review cases require redress?

What is the average redress for these cases?

(c) Has your firm at any time given advice on, or been involved in arranging Mortgage Endowments?

Yes No

If 'Yes', please complete the following:

Gross fees (including commission) received from these activities

Number of policies arranged

Any compensation paid in respect of these activities?

(d) Has your firm at any time given advice on, or been involved in arranging Split Capital Investment trusts? Yes No

If 'Yes', in what capacity did your firm act?

As a Financial advisor providing advice to clients? Yes No

As an introductory agent only for a permitted Third Party? Yes No

Please also provide details of:

Gross fees (including commission) received from these activities

Percentage relating to investment in Zero Dividend Shares? %

Percentage relating to investment in Income Shares? %

Percentage relating to investment in Capital Shares? %

CONFIRMATION

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: _____

Date: _____

Print name: _____

Position: _____

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

SBJ Professional | Castlemead | Lower Castle Street | Bristol | BS1 3AG
T: 0117 929 3344 | F: 0117 925 1594 | E: enquiry@sbj-pi.com | W: www.sbj-pi.com

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PROFESSIONAL

PROFESSIONAL INDEMNITY INSURANCE ENDOWMENT QUESTIONNAIRE FOR SOLICITORS

This questionnaire should be completed if the practice writes or has in the past written any endowment policies (including low cost or low start policies) linked to mortgages.

Where answers require further explanation, this should be provided on a separate sheet of **HEADED** notepaper.

QUESTION ONE

Please state the number of policies sold, fees and largest and average mortgage values against which endowments were arranged in the following years:

Year	Total number sold	Total Fees	Largest	Average	Regulator(s)
1986-1990		£	£	£	
1991		£	£	£	
1992 to present		£	£	£	

QUESTION TWO

Were written records always kept including 'fact finds' and 'reasons why' letters or equivalent? Yes No

QUESTION THREE

What proportion of endowments were written with the maturity date beyond the retirement date of the individual? %

QUESTION FOUR

Were assumed growth rates in line with the regulators guidelines? Yes No

QUESTION FIVE

Has the firm received any responses to the warning letters or annual reviews issued by the life companies? Yes No

QUESTION SIX

Has the practice ever been a tied agent or an appointed representative? Yes No

QUESTION SEVEN

- Has the practice advised intending investors (and documented on file) that:
- a) an endowment cannot be guaranteed to pay off any mortgage loan at maturity? Yes No
 - b) other forms of mortgage repayments are available which meet the client's needs? Yes No
 - c) an endowment policy involves an investment risk? Yes No

QUESTION EIGHT

Has the firm complied with all relevant regulatory requirements in respect of each sale? Yes No

QUESTION NINE

What is the earliest date of the endowment files that you are currently storing in closed files?

CONFIRMATION

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

Signature: _____ Date: _____

Print name: _____ Position: _____

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