

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence the decision of our insurer partners when deciding whether to insure you, what cover they will offer you or the premium they will charge.

How to complete this form: The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your Absolute Cover representative.

### 1. PROPOSING BUSINESS/ COMPANY REQUIRING COVER

**a)** 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.

| Name | Establishment Date |
|------|--------------------|
|      |                    |

**b)** Please provide the FCA authorisation number

**c)** If the proposing company/business is acting as an Appointed Representative of a direct regulated firm or network, please provide the name of the principal firm.

**d) Main Office Address**

|                  |  |
|------------------|--|
|                  |  |
| Telephone Number |  |
| Fax Number       |  |
| Website Address  |  |
| E-mail Address   |  |

**e) 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 |
|      |                   |    |

Please tick the box to confirm that none of the above are limited companies that have been wound up or have no assets

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

| Name | Location | Appointed | Terminated | Turnover |
|------|----------|-----------|------------|----------|
|      |          |           |            |          |

g) If any of the proposing entities operate on a Tied or Multi-Tied basis please provide the name of the product provider(s)

|  |
|--|
|  |
|--|

## 2. PRINCIPALS, ADVISERS AND STAFF

a) Please provide the following details of all Directors/Partners/Principals

| Name | Age | Qualifications | Experience |
|------|-----|----------------|------------|
|      |     |                |            |

b) Please provide the number of staff, other than the Directors/Partners/Principals named above, in the following categories

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

c) 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                         |         |         |

**3. COMPLIANCE AND REGULATION**

a) Please provide details of how the Compliance Function is managed, if outsourced to a specialist provider then please provide the name

b) What proportion of new business files are checked **before** the recommendations are presented

c) What proportion of new business files are checked **after** any recommendations are presented

d) Please provide the location(s) of any individuals **not** based at the **Main Office Address**

e) Was each individual referred to above the subject of a Compliance Audit in the last 12 months

| Yes | No |
|-----|----|
|     |    |

f) Please indicate whether any proposing company/business has received, or is in notice of a visit from a Regulator. If yes, please provide a copy of the report.

| Yes | No |
|-----|----|
|     |    |

|                   |           |
|-------------------|-----------|
| <b>Visit Date</b> | _ / _ / _ |
|-------------------|-----------|



**f)** Have any of the proposing companies/business' for which cover is required ever arranged PPI?

| Yes | No |
|-----|----|
|     |    |

**g)** Have any of the proposing companies/business' for which cover is required ever advised on Commercial Insurance?

| Yes | No |
|-----|----|
|     |    |

**h)** Have any of the proposing companies/business' for which cover is required ever acted as a Mortgage Packager?

| Yes | No |
|-----|----|
|     |    |

**i)** Please provide details below of the procedures used to establish the affordability of any mortgage arranged both during and after any initial discount period

**j)** Have any of the proposing companies/business' for which cover is required ever arranged/provided advice with regards to self-certification mortgages?

| Yes | No |
|-----|----|
|     |    |

If **yes**, is it standard practice to confirm to the Lender that the applicants stated income is correct?

| Yes | No |
|-----|----|
|     |    |

What, if any, evidence of the stated income is retained on file?

**k)** Have any mortgages been arranged on behalf of any client with terms that extend past the client's planned retirement age?

| Yes | No |
|-----|----|
|     |    |

If yes, please detail below how you determine affordability in retirement

**5. EQUITY RELEASE/HOME REVERSION/HOME INCOME PLANS**

**a)** How many Equity Release/Home Reversion/Home Income Plans have been arranged?

|            |           |
|------------|-----------|
|            |           |
| <b>Yes</b> | <b>No</b> |
|            |           |

(i) Are all recommended providers of Equity Release/Home Reversion/Home Income Plans members of the Equity Release Council and Incorporate SHIP standards?

**(b)** With regards to Equity Release/Home Income or Home Reversion, please confirm whether the beneficiaries of the client's estate were informed and whether evidence of this is retained file

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

**(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?

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

**(d)** Are procedures and processes in place to identify and deal with potentially vulnerable clients? If yes, please provide details below.

|            |           |
|------------|-----------|
| <b>Yes</b> | <b>No</b> |
|            |           |

**6. CLAIMS AND CIRCUMSTANCES**

a) Please provide details below of any complaints, claims or circumstances **ever** made against any of the proposing companies/business'. Continue on an additional sheet and provide a Complaints Register.

| Date | Summary | Amount Paid |
|------|---------|-------------|
|      |         |             |

b) Is any proposing company/business aware, after making appropriate enquiries with all principals, employees, self-employed persons and appointed representatives, of any circumstances (not stated above) which may result in any claims being made against the

| Yes | No |
|-----|----|
|     |    |

Proposing Entities currently trading, their predecessors in business or any of present or past Directors/Partners/Principals?

c) Has any proposing company/business sustained any loss during the the past ten years as a result of the fraud or dishonesty of any Director/Partner/Principal/ employees/self-employed person?

| Yes | No |
|-----|----|
|     |    |

d) Has any application for insurance on behalf of any proposing company/business or any of the present Directors/Partners/Principals or, to the knowledge of the proposing company/business, on behalf of their predecessors in business ever been declined or has any such insurance ever been cancelled or renewal refused?

| Yes | No |
|-----|----|
|     |    |

**7. CURRENT INSURANCE ARRANGEMENTS**

| Insurer | Renewal Date<br>(if applicable) | Premium | Excess | Limit of Indemnity |
|---------|---------------------------------|---------|--------|--------------------|
|         |                                 |         |        |                    |

**8. DECLARATION**

Important Notice: By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Absolute Cover will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit [www.absolutecover.co.uk/privacy-policy](http://www.absolutecover.co.uk/privacy-policy)

**Signature of Director/Partner/Principal**

**Name**

**Date**

**9. ADDITIONAL INFORMATION**

**Marketing**

*AbsoluteCover 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 AbsoluteCover 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**

**AbsoluteCover 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.absolutecover.co.uk](http://www.absolutecover.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.