

## CMS/CANOPIUS RENEWAL PROPOSAL FORM 2010

**1. Proposing Entities**

Please state below the name of your **main practice**. Please also enter below the full names of **any other entities currently trading**. If applicable, please also list any other trading styles.

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2. Please confirm the date of your last financial year-end prior to the inception date: \_\_\_/\_\_\_/\_\_\_

3. Please advise or estimate for the financial year-end identified in Question 2 above the total gross brokerage/commission/fee income of all Proposing Entities, generated by all principals/employees/self-employed persons.

4. Please indicate the total gross brokerage/commission/fee income the entities in Question 1 currently trading expect to achieve in the current financial year:

5. Please only provide details below in respect of any **change** in the directors, partners or principals of the proposing entities.

Names of Directors/Partners/Principals	Age	Qualifications	Experience (if under five years' practical experience)

6. Number of permanent staff **other than** Directors/Partners/Principals:

a) Employed persons giving advice	
b) All other employed persons	
c) Self employed persons	

7. Please only provide details below in respect of any **change** in status of any current Appointed Representatives or full details of any new Appointed Representative for which cover is required:

Trading name	Date of Appointment	Date of termination	Location	Income in last financial year



8. Please indicate the % of gross brokerage/commission/fees for the **Last complete year** as disclosed in Question 3 derived from the following categories.

**Please ensure that the Total boxes for Categories i) to v) below add up to 100%.**

	Private	Business	Total
i) <b>Pension Sales &amp; Advice</b> (please include GPP business in private)	%	%	%
ii) <b>Investment Sales &amp; Advice</b>	%	%	%
Of the total for i) and ii) above, please indicate the % earned from the following categories			
Equity based collective investments		%	
Fixed Interest based collective investments		%	
Property based collective investment		%	
Other (please specify below)		%	
iii) <b>Life Cover &amp; Protection Sales &amp; Advice</b> (including WOL, ASU, PHI & Medical)	%	%	%
iv) <b>Mortgage Sales &amp; Advice</b> (Including Equity Release and Reversion Schemes)	%	%	%
v) <b>General Insurance Sales &amp; Advice</b>	%	%	%
	<b>Total Private</b>	<b>Total Business</b>	<b>Overall Total</b>
	%	%	<b>100%</b>

9. In respect of investments covered by 8)i) and ii) above, please indicate the number of single premium or annual investments made in the last financial year where the sum invested was (Please do not include monthly investments.):

- a) less than £10,000
- b) equal to or more than £10,000 but less than £25,000
- c) equal to or more than £25,000 but less than £100,000
- d) equal to or more than £100,000

Number of investments




10. Please indicate whether any Proposing Entity has received, or is on notice of, a visit from the Regulator.

Yes	No

If YES, please confirm date(s) of visit(s) and enclose a copy of the report(s)

Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Please advise whether any advice or other insured activity has been undertaken outside the UK by any proposing entity. (Please note that cover for such work is not available unless specifically agreed)

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12. Because of the role of Financial Advisers, fraud by your employees or agents is a significant risk to your business. Please outline briefly, on a separate sheet of paper if necessary, the steps that you take to minimise this risk.

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13. Please advise of any changes as to how the Compliance Function is managed:

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14. Please provide the location of any individuals providing advice that are not based at the **Main Office Address**:

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15. Was each individual referred to above the subject of a compliance audit in the last year?

Yes	No

16. Please indicate % of new business files reviewed by the Compliance Function in the last year.

%
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17. During the last year has any Proposing Entity issued any direct offer financial promotions to clients promoting a particular product or products? If YES, please complete the table below.

Product Provider and Product Promoted	Date	Number of clients mailed	Number of applications received



**18. Pension Transfers From Defined Benefit Occupational Pension Schemes**

- a) Please provide the number of Pension Transfers from **Defined Benefit Occupation Pension Schemes** that the proposer has arranged in the past 10 years and provide the average and largest transfer value.

Number of transfers	Average Transfer Value	Largest Transfer Value

- b) 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

19. Is cover required for Pension Review on the same basis as last year?

Yes	No

**20. Income Drawdown**

Please complete this question if any Proposing Entity has transacted/given advice in respect of Income Drawdown. If not, please put 'not applicable'.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Income Drawdown cases transacted where original fund value was less than £100,000										
Number of Income Drawdown cases transacted where original fund value was between £100,000 and £300,000										
Number of Income Drawdown cases transacted where original fund value was over £300,000										
Largest Original Income Drawdown fund value										
Number of Annuity cases transacted (excluding Phased Retirement cases)										



- a) What % of Income Drawdown cases arranged are taking maximum income? \_\_\_\_\_ %
- b) What % of Income Drawdown cases have had the fund value enhanced by rebating commission? \_\_\_\_\_ %
- c) How frequently are Income Drawdown cases reviewed? \_\_\_\_\_
- d) i) How many of the above transactions were carried out purely to raise cash? \_\_\_\_\_

ii) 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?

<b>Yes</b>	<b>No</b>

- e) Has any business ever been transacted where the client has given up a GAR?

<b>Yes</b>	<b>No</b>

- f) Please indicate how many Alternatively Secured Pensions have been arranged on behalf of clients.

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>Number of Alternatively Secured Pensions arranged</b>					

- f) Please provide a brief description of the philosophy used in advising clients in relation to income in retirement.



21. In terms of total number of individual investments arranged and total amount of client funds invested please provide details of the top 3 investment funds.

Investment Fund	Number of Investments arranged

Investment Fund	Total Client Funds Invested

22. 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 FULL details below**

Yes	No

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 it's obligations. **If YES, please provide FULL details below**

Yes	No

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



23. Please indicate whether any Proposing Entity has provided or intends to provide advice or services with regards to investment in any of the following or collective investments that have funds invested in any of the following.

Product/Service	Yes	No
Structured Products		
Hedge Funds		
Unregulated Collective Investments		
Split Capital Investment Trusts		
Any Investment for Tax Structuring, Planning or Mitigation		
Traded Life Policies		
Viatical Settlements		
Traded Endowment Plans		
Offshore Bonds		

If YES, please complete the table below, continue on additional sheet if necessary.

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

Has the Inland Revenue indicated that they intend to challenge the tax status of any of the above products arranged on behalf of any client? **If YES, please provide FULL details on a separate sheet.**

Yes	No



24. Please indicate whether any Proposing Entity provides advice or services with regards to any of the following products or services. **If YES, please provide FULL details on a separate sheet.**

Product/Service	Yes	No
Own branded Collective Investment Funds		
Discretionary Portfolio Management		
Broker Bonds		
Pension Fund Trustee Services		
Pension Fund Management Services		

25. In respect of Mortgages please confirm the proportion of income derived from the following areas.

i) Residential Mortgages	%
ii) Sub-Prime Mortgages	%
iii) Self Certification Mortgages	%
iv) Buy to Let Mortgages	%
v) Commercial Mortgages (ex Buy to Let)	%
vi) Equity Release/Home Reversion/Lifetime Mortgages/Sale and Rent Back	%

26. Has any proposing entity provided advice or services with regards to Sale and Rent Back?

Yes	No

27. Please indicate the number of Home Income Plans, Equity Release Schemes or Home Reversion Schemes arranged/advised upon by the Proposing Entities.

a) Are all providers of the schemes referred to in question 27 above members of SHIP (Safe Home Income Plans Ltd)?

Yes	No

b) 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

c) Were the beneficiaries of the clients estate informed and is evidence of this recorded on file for each of the plans arranged?

Yes	No

d) Please provide a brief description of the philosophy used in advising clients in relation to the subsequent investment of monies raised

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**28. Claims and circumstances which are likely to give rise to claims**

Have the Proposing Entities notified all Pension Transfers, Opt-Outs, FSAVCs, Endowments, SCITs and SCARPs where a client has requested a review or complained?

Yes	No	None

**If NO, please list on a separate sheet those cases that have not been notified.**

**29.** Other than the matters referred to above is any Proposing Entity aware, after enquiry, of any claims or circumstances which are likely to give rise to claims which have not already been notified in writing to CMS Underwriting?

Yes	No

**If YES, please provide FULL details on a separate sheet.**

**30.** Has any Proposing Entity 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?

Yes	No

**If YES, please provide FULL details on a separate sheet.**

**DECLARATION**

I/We declare on behalf of the Proposing Entities that the above statements and details are true and that I/we have not misstated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Collegiate Management Services Limited of any material alteration to these facts occurring before completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposing Entities or Collegiate Management Services Limited to complete this insurance.

Signature of:

Director/Partner/Principal \_\_\_\_\_

Name \_\_\_\_\_  
(in capitals)

Date \_\_\_\_\_

**Please Note:** In the absence of any instructions to the contrary, Certificates will show only those firms named in Question 1a of this proposal form.

**Data Protection Act:**

Some of the information given in this form, will constitute personal data for the purposes of the Data Protection Act 1998. Such personal data will be used by Collegiate and interested underwriters solely for the following purposes:

1. evaluating the proposal with a view to providing the insurance proposed for;
2. validating any information which may have been previously supplied.;
3. general statistical purposes.

The information will be held for as long as necessary for the above purposes or as may be required by law or to comply with any contractual, or to meet with any relevant regulatory requirements.

