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If you need to submit further information on a separate sheet, please submit via email to [ifa.pi@aon.co.uk](mailto:ifa.pi@aon.co.uk) with email titled 'PI quote + your company name' in the subject line.

# Financial Advisers' professional indemnity Supplementary form

W3

### Important notes

Where the form states:

'Firm' this includes all current businesses and trading styles; predecessors in business and previous trading styles; and self-employed consultants and Appointed Representatives that you would like covered under this policy.

'Principals' this includes partners, sole traders, directors and members of limited liability partnerships.

'Income' this includes gross brokerage, commission and any other professional income generated by the firm in relation to financial sales and advice.

**Please provide a full answer to all questions and use supplementary sheets if necessary.**

Main Practice name

1 Number of permanent staff:

	Working at the main office	Not working at the main office
a Principals		
b Employed persons giving advice		
c All other employed persons		
d Self-employed persons		

Please can you confirm the systems and controls in place to monitor the activities of all **staff working** away from the office.

2 Do you have any offices or assets in territories outside the UK?

Yes  No

3 Does the firm have a valid Employers' Liability Certificate?

Yes  No

Expiry date

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4 Has the firm ever 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).

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### Pensions Activities

5 Please provide the number of:

	Number of transfers	Average value	Largest value
Pension Transfers from Defined Benefit Occupation schemes arranged in the past 10 years			
Pension Switches from ANY defined contribution pension (e.g. occupational scheme, PPP, SIPP, Stake-holder) to any other defined contribution pension since 6 April 2006 (A-day)			

### Income Drawdown

6 a Please indicate the approximate number of:

	Last full calendar year	Previous full calendar year	Previous full calendar year
Income drawdown cases transacted			
Annuity purchase cases transacted (excluding phased retirement cases)			

b 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

c Has any business ever been transacted where the client has given up a Guaranteed Annuity Rate?

Yes  No

If yes, please provide details surrounding each case

7 a Has any past or present client of the Firm, acting on your advice, ever invested in or completed the purchase of any investment(s) and/or collective investment(s) that have funds invested in any of the following?

Product/service	Yes	No	Product/service	Yes	No
Structured Products	<input type="radio"/>	<input type="radio"/>	Traded Life Policies	<input type="radio"/>	<input type="radio"/>
Hedge Funds	<input type="radio"/>	<input type="radio"/>	Direct investment into Commercial Property Investments	<input type="radio"/>	<input type="radio"/>
Unregulated Collective Investments or Partnerships	<input type="radio"/>	<input type="radio"/>	Traded Endowment Plans	<input type="radio"/>	<input type="radio"/>
Split Capital Investment Trusts	<input type="radio"/>	<input type="radio"/>	Offshore Bonds	<input type="radio"/>	<input type="radio"/>
Any Investment for Tax Structuring, Planning or Mitigation (other than ISAs)	<input type="radio"/>	<input type="radio"/>	Film finance and/or film partnerships	<input type="radio"/>	<input type="radio"/>
			Harlequin Property	<input type="radio"/>	<input type="radio"/>

b Have you ever undertaken any of the following?

Product/service	Yes	No	Product/service	Yes	No
In-House Discretionary Portfolio Management	<input type="radio"/>	<input type="radio"/>	Pension Liberation	<input type="radio"/>	<input type="radio"/>
Pension Fund Trustee Services	<input type="radio"/>	<input type="radio"/>	Single Premium Payment Protection Insurance (PPI)	<input type="radio"/>	<input type="radio"/>
Pension Fund Management Services	<input type="radio"/>	<input type="radio"/>			

c Has any advice or services been provided for any investment that has had new investment and/or redemptions suspended, had the assets re-valued or is insolvent?

Yes  No

d 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 its obligations?

Yes  No

If yes, to a, b, c or d please complete the table below, continue on additional sheet if necessary.

Name of investor/customer	Name of Provider	Name of Product	Date of Investment	Original investment value	% of investors total investment portfolio	Latest investment value	Date of last valuation
			/ /				/ /
			/ /				/ /
			/ /				/ /
			/ /				/ /

8 Has there been any claims, or complaints (including complaints not upheld) made against the firm in the past 10 years?

Yes  No

If yes, please provide details.

9 Your History

Insurer	Limit	Excess	Premium	Expiry Date
				/ /

### Declaration

I/We declare the following:

- i I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full
- ii All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith
- iii I/We understand that by submitting this proposal form I/we consent to the information being used by Aon and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud
- iv I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance
- v If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/we will immediately advise Aon or the Insurer

### Duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual Aon adviser if you are in any doubt about what information needs to be disclosed.

Do you have any of the following insurances – if yes, please advise of the renewal date:

Office	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	
Cyber	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	
Directors & Officers	Yes <input type="radio"/>	No <input type="radio"/>	Renewal date	

We collect and process your personal data and sensitive personal data in accordance with all applicable Data Privacy Laws which Aon is required to comply with. Full details of how we process your data, as well as measures we have put in place for the protection of your personal data can be found in our Privacy Statement. Aon UK Limited and other Aon group companies will use your personal information to contact you from time to time about other products, services and events that we feel may be of interest to you. If you do not wish to receive these communications, please tick here.

Signature of Principal <i>Signature not required if submitting electronically</i>	Print name	Date
	Position	

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