

# CMS/AXA PROPOSAL FORM FOR MORTGAGE INTERMEDIARIES 2018

#### **Presentation and Background Information**

The proposal form is usually the main point of contact between your Firm and us, the Underwriters. It is therefore important that the information contained in the form is expressed and presented to a high standard. Where there is insufficient space available, please use clearly marked appendices, indicating which questions they refer to.

#### The Proposal Form - The Duty to Disclose

This proposal form is the document which legally forms the basis of the contract between the Insured and the Insurer. It is crucial that there is the fullest possible disclosure on all aspects about the proposer if full cover is to be provided. This would include, but is not limited to:

- a full list of all corporate entities, trading titles and predecessors in business must be fully disclosed, the full range of services and business activities performed by the Firm(s) proposing for insurance must be disclosed,
- a full list of any and all past and existing claim(s) or circumstances which could give rise to a claim against any of the Firm(s) proposing for insurance must be provided.

#### The Continuing Duty to Disclose

The duty to disclose material facts is not confined to completion of proposal forms at inception or renewal. The contract of insurance is arranged on the basis of this information. If, during the period of insurance arranged there is any material alteration/change in the information disclosed in the proposal form, prompt disclosure to us is essential. This might include, but is not limited to:

- new partners, directors, corporate entities, partnerships or trading titles,
- a change in the areas of activity of the insured Firm(s),
- the possibility of a claim being made against the Firm(s),
- any change in the trading status of the Firm(s), or membership of professional bodies, or regulatory status.

#### Claims and/or Claims Circumstances

The policy to be arranged provides cover on a "claims made" basis, which means that cover must be in force at the time you first become aware of a claim or circumstances which could lead to a claim. Notification to us must be given at that time. It is that policy which will respond to any subsequent claim - even if the claim develops years later and/or arises out of activities performed prior to its inception. Whilst every question on the proposal form is important, the contract of insurance relies heavily on the disclosure given under Section 6. It is essential that full enquiry and discussion take place between all partners/directors and senior staff before any answers are given. You are reminded that failure to disclose material information, for whatever reason, may void your policy. If you are in any doubt as to what may constitute a material fact or circumstances to be disclosed, please disclose the information – too much information is preferable to too little, and the consequences thereof.

### Insurance Act 2015 - Duty of fair presentation

- 1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
- a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
- b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
- c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
- 2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:



- a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
- b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
- c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

#### Remedies for a breach of the duty of fair presentation under the Insurance Act 2015

In the event of a breach by the insured of the duty of fair presentation the insurer may apply the following remedies if the insurer shows that, but for the breach, the insurer:

- a) would not have entered into the contract of insurance at all; or
- b) would have done so only on different terms.

A breach for which the insurer has a remedy against the insured is referred to as a "qualifying breach" and can be either;

- a) deliberate and reckless; or
- b) neither deliberate and reckless

Deliberate or reckless breaches

If a qualifying breach was deliberate or reckless, the insurer;

- (a) may avoid the contract and refuse all claims, and
- (b) need not return any of the premiums paid.

Other breaches

If a qualifying breach was neither deliberate nor reckless.

- a) If, in the absence of the qualifying breach, the insurer would not have entered into the contract on any terms, the insurer may avoid the contract and refuse all claims, but must in that event return the premiums paid.
- b)If the insurer would have entered into the contract, but on different terms (other than terms relating to the premium), the contract is to be treated as if it had been entered into on those different terms if the insurer so requires.
- c) In addition, if the insurer would have entered into the contract (whether the terms relating to matters other than the premium would have been the same or different), but would have charged a higher premium, the insurer may reduce proportionately the amount to be paid on a claim.

"reduce proportionately" means that the insurer need pay on the claim only X% of what it would otherwise have been under an obligation to pay under the terms of the contract (or, if applicable, under the different terms provided for by virtue of paragraph b), where;

$$X = \frac{Premium actually charged}{Higher premium} x 100$$



# 1. PROPOSING BUSINESS/COMPANY REQUIRING COVER

| Name  |  | Establishment Date                   |
|---|--|--------------------------------------|
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
| Please provide the EC                         | A authorisation number   |                                      |
| ricase provide the re                         | A authorisation number   | L                                    |
|   | pany/business is acting as an Appointe<br>e provide the name of the principal firm |                                      |
|   |  |                                      |
| Main Office Address                           |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
| Telephone Number                              |  |                                      |
| Fax Number                                    |  |                                      |
| Website Address                               |  |                                      |
| E-mail Address                                |  |                                      |
| Please state below the which run-off cover is | names of any past company/business increquired                                     | cluding predecessors in business for |
| Name  |  | Period of trading                    |
|   |  | From To                              |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |
|   |  |                                      |



|    | which cover is required  | T           |             | A ' , 1         | TD 1 1         | T                     |
|----|--|-------------|-------------|-----------------|----------------|-----------------------|
|    | Name   | 1           | Location    | Appointed       | Terminated     | Turnover              |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
| g) | If any of the proposing entities o product provider(s)             | perate on   | a Tied or   | Multi-Tied ba   | sis please pro | vide the name of the  |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    | DDINGIDAL C ADVICEDO AND CTA                                       | LEE         |             |                 |                |                       |
|    | PRINCIPALS, ADVISERS AND STA                                       | AFF         |             |                 |                |                       |
| a) | Please provide the following detail                                | ls of all E |             |                 | als            |                       |
|    | Name   | Age         | Quali       | fications       | Е              | xperience             |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
|    |  |             |             |                 |                |                       |
| b) | Please provide the number of sta following categories              | aff, other  | than the D  | Directors/Partn | ers/Principals | named above, in the   |
|    | Employed Registered Individuals                                    |             |             |                 |                |                       |
|    | Self Employed Registered Individ                                   | uals        |             |                 |                |                       |
|    | Unregistered Mortgage or Protecti                                  | ion Advis   | ers         |                 |                |                       |
|    | Paraplanners and other Technical                                   | Staff       |             |                 |                |                       |
|    | Administrative Staff   |             |             |                 |                |                       |
| c) | Please provide the number of ind 12 months in the following catego |             | hat have jo | ined or left th | e business/con | npany during the last |
|    |  |             |             |                 | Leavers        | Joiners               |
|    | Employed Registered Individuals                                    |             |             |                 |                |                       |
|    | Self Employed Registered Individ                                   | uals        |             |                 |                | _                     |
|    | Unregistered Mortgage or Protecti                                  |             | ers         |                 |                |                       |
|    | Paraplanners and other Technical                                   | Staff       |             |                 |                |                       |
|    | Administrative Staff   |             |             |                 |                |                       |

2.



# 3. COMPLIANCE AND REGULATION

| a) | provider then please provide the name  | ce Function is managed, if    | outsourced t | o a spe | cialist |
|----|--|-------------------------------|--------------|---------|---------|
|    |  |                               |              |         |         |
| b) | What proportion of new business files are check are presented                                    | ed before the recommendation  | ons          |         |         |
| c) | What proportion of new business files are check are presented                                    | red after any recommendation  | ns           |         |         |
| d) | Please provide the location(s) of any individual r   | not based at the Main Office  | Address      |         |         |
|    |  |                               |              |         |         |
| e) | Was each individual referred to above the subject months   | ct of a Compliance Audit in t | the last 12  | Yes     | No      |
| f) | Please indicate whether any proposing compar<br>of, a visit from a Regulator. Please provide a c |                               | is on notice | Yes     | No      |
|    |  | Visit Date                    |              |         |         |



| 4 | INCOME |
|---|--------|
| 7 | INCOME |

| a) | Please confirm the date of your last financial year end prior to the policy |
|----|---|
|    | inception date  |

|    | DATE |  |
|----|------|--|
| /_ | /    |  |

b) Please advise for the financial year-end identified in Question 4.a) above and the previous 4 financial years (where applicable), the total gross brokerage/commission/fee income of all proposing companies/business, generated by all principals/employees/self-employed persons and appointed representatives

| Last Complete Financial Year | £ |
|------------------------------|---|
| Previous Financial Year      | £ |

| c) | Please advise/estimate for the current financial year the total gross brokerage/commission/fee |                           |                   |   |  |  |  |  |
|----|--|---------------------------|-------------------|---|--|--|--|--|
|    | income that all prop   | oosing companies/business | currently trading | £ |  |  |  |  |
|    | expect to achieve  |                           |                   |   |  |  |  |  |

**d)** Please advise the percentage of total gross income in the last complete financial year derived from advice/services provided with regards to the following categories.

| Full Status Residential Mortgages                   | 0/0   |
|---|-------|
| Sub-Prime Residential Mortgages                     | %     |
| Self Certification Residential Mortgages            | %     |
| Buy to Let Mortgages                                | %     |
| Commercial Mortgages                                | %     |
| Second Charge Mortgages/Secured Loans               | %     |
| Unsecured Loans                                     | %     |
| Bridging Loans                                      | %     |
| Equity Release/Home Reversion/Home Income Plans     | %     |
| Non Investment Life/Protection (Including CI & PHI) | %     |
| Private Medical Insurance                           | %     |
| Buildings and Contents Insurance                    | %     |
| ASU/ASR   | %     |
| PPI   | %     |
| Other (please provide details below)                | %     |
|   |       |
|   |       |
| Grand Total   | 100 % |

e) Please provide the percentage of residential mortgages arranged into the following categories

| First Time Buyers | % | Re-mortgages | % |
|-------------------|---|--------------|---|
| Interest Only     | % | Repayment    | % |

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

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



| g) | Please provide details arranged both during a |                                 |                     | the affordability of any mo          | rtgage     |       |
|----|---|---------------------------------|---------------------|--------------------------------------|------------|-------|
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
| h) | Have any of the pro<br>arranged/provided adv  |                                 |                     | ch cover is required even            | Yes Yes    | No    |
|    | If <b>yes</b> , is it standard p is correct?  | practice to confirm to          | the Lender that the | he applicants stated incom           | e Yes      | No    |
|    | What, if any, evidence                        | e of the stated income          | is retained is on f | ile?                                 |            |       |
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |
| i) |   |                                 |                     | lans have been arranged?             | <b>X</b> 7 | l NT. |
|    | members of Equity Re                          |                                 |                     | version/Home Income Plan<br>andards? | s Yes      | No    |
| j) | Have any mortgages the client's planned re    |                                 | nalf of any client  | with terms that extend pas           | Yes        | No    |
|    |   |                                 |                     |                                      |            |       |
|    | CURRENT INSURANCE                             | E ARRANGEMENTS                  |                     |                                      |            |       |
|    | Insurer                                       | Renewal Date<br>(if applicable) | Premium             | Excess Limit                         | of Inden   | nnity |
|    |   | //                              |                     |                                      |            |       |
|    |   |                                 |                     |                                      |            |       |

5.



#### 6. CLAIMS AND CIRCUMSTANCES

a) Please provide details below of any complaints, claims or circumstances ever made against any of the proposing company/business. Continue on additional sheet and provide Complaint register

| Date | Summary | Amount Paid |
|------|---------|-------------|
|      |         |             |
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b) Is any proposing company/business aware, after making appropriate enquires 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 Proposing Entities currently trading, their predecessors in business or any of the present or past Directors/ Partners/Principals?

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

c) Has any proposing company/business 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 |
|---|-----|----|
|   |     |    |

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. DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances

| \$ | Signature of Director/Partner/Principal   |   |
|----|---|---|
| 1  | Name  |   |
| ]  | Date  |   |
| 8. | Additional Information  |   |
|    |   |   |
|    |   |   |
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| L  |   |   |
|    | By Submitting this proposal form, you indicate communications from us. We will not pass your d wish to receive such messages, tick here | e your consent to receiving relevant e-mail marketing etails to third parties for marketing purposes. If you do not |