

**PROFESSIONAL INDEMNITY INSURANCE  
ACCOUNTANTS FINANCIAL SERVICES QUESTIONNAIRE**



**YOUR DETAILS**

Practice name (please include all names under which you practice)

Do you presently carry out any regulated activities, as defined in the Financial Services and Markets Act 2000, or act as an introducer in respect of such regulated activities? Yes  No

If 'No', have you at any time in the past carried out any such regulated activities or acted as an introducer in respect of such regulated activities? Yes  No

If 'Yes', please advise the date you ceased to conduct the regulated activities and the reasons for doing so:

Have you purchased or acquired any other firm or book of business where you have assumed any liability for any such regulated activities, carried out prior to the acquisition date? Yes  No

**IF YOU HAVE ANSWERED 'NO', TO ALL OF THE ABOVE QUESTIONS, THERE IS NO NEED TO ANSWER ANY FURTHER QUESTIONS. PLEASE NOW SIGN AND DATE THE DECLARATION. OTHERWISE PLEASE COMPLETE THE REMAINING QUESTIONS.**

**GENERAL INFORMATION**

Are you directly regulated by the Financial Services Authority? Yes  No

Are you regulated or authorised by any other professional body to carry out any regulated activities? Yes  No   
If 'Yes', please provide the name of the professional body

Have you at any time operated:

1. A financial services company? Yes  No
2. A financial services division? Yes  No
3. With someone specifically employed to provide financial services? Yes  No

**YOUR FEE INCOME**

Provide details of your gross income (commission/brokerage/fees) received from regulated activities in the last six financial years and your estimated income for the forthcoming year:

|              | Year 1<br>(6 Years Ago) | Year 2 | Year 3 | Year 4 | Year 5 | Year 6<br>(Last Year) | Forthcoming<br>Year (Est) |
|--------------|-------------------------|--------|--------|--------|--------|-----------------------|---------------------------|
| Gross Income | £                       | £      | £      | £      | £      | £                     | £                         |

**YOUR BUSINESS ACTIVITIES**

Please advise in which capacity you acted. (If more than one area applies, please provide an approximate percentage split):

Financial adviser  % Execution only  %

Introductory agent only  % Tied agent or appointed representative  %

Have you at any time acted as an introducer of, advised on or sold any split capital closed end fund or zero dividend preference share or any unit trusts where the portfolio composition consists of a split capital closed end fund or zero dividend preference share? Yes  No

If 'Yes', please advise:

|  | Number | Average Value | Maximum Value |
|--|--------|---------------|---------------|
| Split capital closed end fund or zero dividend preference shares   |        | £             | £             |
| Unit trusts where the portfolio composition consists of a split capital closed end fund or zero dividend preference share: |        | £             | £             |

Have you at any time acted as an introducer of, advised on or sold any endowment linked mortgages?  
If 'Yes', please advise:

Yes  No

|                      | 1988 - 1994            | 1995 - 1998            | 1999 - Present         |
|----------------------|------------------------|------------------------|------------------------|
| <b>Number</b>        | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| <b>Average Value</b> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| <b>Maximum Value</b> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |

Have you at any time acted as an introducer of, advised on or sold any free-standing additional voluntary contributions? (FSAVC's). If 'Yes', please advise:

Yes  No

1. Total number of cases
2. Total number of cases reviewed (as stipulated by FSA)
3. Number of cases where compensation is due or paid
4. Number of cases where no compensation due
5. Number of cases where the review is incomplete

Have you at any time acted as an introducer of, advised on or sold any pension transfers, opt outs, non-joiners between April 1988 and June 1994? If 'Yes', please advise:

Yes  No

1. Total number of cases where compensation was due / paid
2. Total amount of compensation due / paid £

Have you at any time acted as an introducer of, advised on or sold any other pensions, annuities, income drawdowns or equity release products? If 'Yes', please advise:

Yes  No

1. Total number of cases
2. Total gross fees received £

Please give a brief description of any other regulated activity, not specifically declared in this questionnaire or proposal, carried out by you in the last three years:

**CONFIRMATION**

**DISCLOSURE OF MATERIAL FACTS**

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

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:-

**Bluefin | Professions Division | Castlemead | Lower Castle Street | Bristol | BS1 3AG  
t: 0117 929 3344 | f: 0117 925 1594 | e: enquiry.professions@bluefingroup.co.uk|  
www.bluefingroup.co.uk/professions**

