

Griffiths & Armour Professional Risks

Griffiths & Armour Professional Risks acts as manager for the professional indemnity division of Griffiths & Armour
Griffiths & Armour Professional Risks Ltd is an appointed representative of Griffiths & Armour which is authorised and regulated by the
Financial Services Authority in the United Kingdom

GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

Financial Services Questionnaire Accountants

Please note that this Questionnaire forms part of your Proposal for Professional Indemnity Insurance and you are reminded of the importance of the notes and Declaration on the Proposal, which also apply to this Questionnaire.

Please state the full title of the Insured/Proposer, including any subsidiary or former Companies/Firms for whom cover is required under this policy:

1) a) 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 **(other than in connection with General Insurance products)**? YES NO

b) If you have answered 'NO' to Question 1a), have you at any time in the past carried out any regulated activities, as defined in the Financial Services and Markets Act 2000, or acted as an introducer in respect of such regulated activities **(other than in connection with General Insurance products)**? YES NO

c) If you have answered 'YES' to Question 1b), please advise:

i) the date you ceased to conduct such business

ii) the reason for ceasing to conduct such business:

iii) Did you transfer the liability for such business to an independent third party at cessation date? **(If 'YES', please enclose documentary evidence of the transfer of liability).** YES NO

2) Have you purchased/acquired any other firm, company or book of business, where you have assumed any liability for any regulated activities, as defined in the Financial Services and Markets Act 2000, carried out prior to the acquisition date **(other than in connection with General Insurance Products)**? YES NO

If you have answered 'NO' to Questions 1) and 2) above, there is no need to answer any further questions. Please now sign and date the Declaration.

Otherwise, please complete the Supplementary Questionnaire.

DECLARATION

I/We declare that the statements and particulars in this Questionnaire (which is incorporated into the Proposal) are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this Questionnaire, together with the Proposal and any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts occurring before the completion of the Contract of Insurance. The signing of this Questionnaire does not bind the Proposer to complete the proposed Contract of Insurance.

Signed _____ Date _____

On behalf of _____

Financial Services Supplementary Questionnaire Accountants

Please note that this Questionnaire forms part of your Proposal for Professional Indemnity Insurance and you are reminded of the importance of the notes and Declaration on the Proposal, which also apply to this Questionnaire.

1) Please confirm whether you are, or were, ever:

- a) directly regulated by the Financial Services Authority? YES NO
- b) regulated or authorised by any other professional body? YES NO

If you have answered 'YES' to Question 1b), please provide details of the professional body:

2) Do you, or have you, at any time operated:

- a) a Financial Services Company? YES NO
- b) a Financial Services Division? YES NO
- c) with someone specifically employed to provide Financial Services? YES NO

3) If you have answered 'YES' to Question 2a), b) or c), please provide the total amount of commission/brokerage/fees received:

2002	£	2006	£	Current Year	£
2003	£	2007	£	Estimate	£
2004	£	2008	£		
2005	£	2009	£		

4) a) In relation to Question 1a) and b) of the Initial Questionnaire, please advise in which capacity you act/acted. (If more than one area applies, please provide approximate percentage split).

- | | | | |
|--|------------------------------|-----------------------------|---|
| i) Financial Advisor | YES <input type="checkbox"/> | NO <input type="checkbox"/> | % |
| ii) Introductory Agent only | YES <input type="checkbox"/> | NO <input type="checkbox"/> | % |
| iii) Execution only | YES <input type="checkbox"/> | NO <input type="checkbox"/> | % |
| iv) Tied Agent or appointed representative | YES <input type="checkbox"/> | NO <input type="checkbox"/> | % |

b) If you have answered 'YES' to Question 4a) ii), please advise:

- i) Is there a formal agreement in place where the third party used assumes liability for the work undertaken? (If 'YES', please enclose a copy of the agreement). YES NO
- ii) Do, or did you, provide any advice to your client while acting as an Introducer, other than introduction of the Third Party? YES NO

c) If you have answered 'YES' to Question 4b) ii), please advise full details of the advice given:

5) Have you at any time acted as an introducer, advised on or sold any:

- a) i) Split Capital Closed End Fund or Zero Dividend Preference Shares? YES NO
 ii) Unit Trusts where the portfolio composition consists of a Split Capital Closed End Fund or Zero Dividend Preference Share? YES NO

If you have answered 'YES' to i) or ii) above, please confirm details below:

	Number	Average Value £	Maximum Value £
(i) Split Capital Closed End Fund or Zero Dividend Preference Shares			
(ii) Unit Trusts where the portfolio composition consists of a Split Capital Closed End Fund or Zero Dividend Preference Share			

- b) Free-Standing Additional Voluntary Contributions (FSAVCs)? YES NO

If you have answered 'YES' to 5b), please advise:

- i) total number of cases
 ii) total number of cases Reviewed (as stipulated by the FSA)
 iii) total number of cases where compensation is due or paid
 iv) total number of cases where no compensation is due
 v) total number of cases where the Review is incomplete

- c) Endowment linked mortgages? YES NO

If you have answered 'YES' to 5c) above, please confirm details below:

	Number	Average Value £	Maximum Value £
1988 – 1994			
1995 – 1998			
1999 to present			

- d) Pension Transfers/Opt-outs/Non-joiners between April 1988 and June 1994? YES NO

If you have answered 'YES' to 5d), please advise:

- i) Has the Pension Review been completed and compliance signed off by an independent third party? YES NO

If you have answered 'NO', please provide full details:

- ii) Total number of cases where compensation was due/paid:
 iii) Total amount of compensation due/paid: £

- e) Pensions, Annuities, Income Drawdown or Equity Release, other than under 7d) above? YES NO

If 'YES', please advise:

- i) number of cases:
 ii) gross fees received: £

- 6) Are you aware of any Compliance problems in relation to regulated activities, as defined in the Financial Services and Markets Act 2000?

YES

NO

If you have answered 'YES', please provide full details:

- 7) Please provide a description of any other regulated activity not specifically disclosed in the Proposal Form or this Questionnaire, conducted by you in the last three years.

DECLARATION

I/We declare that the statements and particulars in this Questionnaire (which is incorporated into the Proposal) are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this Questionnaire, together with the Proposal and any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before the completion of the Contract of Insurance. The signing of this Questionnaire does not bind the Proposer to complete the proposed Contract of Insurance.

Signed _____ Date _____

On behalf of _____