

Sub Broker Questionnaire/ Agency application



Broker Name

Broker Address

Name of person requesting an agency

Position

Compliance Contact details

Date

FCA Number

Companies house number

Approximately how many staff will be involved in selling our product/s?

Will staff receive appropriate product training?

Yes

No

If so, please specify type?

e.g. in person, webinar, on the job etc.

What quality monitoring do you conduct on sales agents?

e.g. File Audits/Sales Observations (please list)

How many offices does the firm operate from?

Are you specialists in any particular area of Insurance?

Have you any Schemes that you administer, if yes please provide a brief description?

Is the firm directly authorised or an AR?

Does the firm have any AR's that will sell products?

(If yes, please provide us with details separately)

Yes

No

Please provide full names of Directors with senior manager functions within your business

Does the firm offer incentive schemes to sales staff? Yes No

How will you be selling the products that we sub broke to you:

In person Inbound phone Internet - own retail site *(please list all website URL's on which you will sell products)*
Outbound phone Via comparison sites

Are all products sold as standalone or with any add-ons? Yes No

If 'no', please provide details on how they are sold:

For products sold to personal lines customers please confirm if you will earn a commission or charge a fee or both (if applicable)?

For products sold to commercial lines, customers please confirm if you will earn a commission or charge a fee or both (if applicable)?

What products are you predominantly interested in?

Will our firm be your solus provider of the products you are interested in? Yes No

If 'no', please detail which other providers you use:

Will our products be sold to: Consumers (retail customers) SMEs Large Commercial Customers

What software systems do you operate from?

Are sales made on an advised or non-advised basis? Advised Non-advised

Does the company use scripts, prompt sheets or sales checklists? Yes No

Are calls routinely recorded? Yes No

Please provide a copy of your fee structure

Are procedures in place to ensure/check that policy documentation is sent to the customer in a timely fashion, in accordance with FCA legislation and industry guidance? Yes No

When was the last time you conducted a review with regard to our products?

Would a visit from one of our team to discuss products and offer Product Training be of interest to you? Yes No

Are you authorised to hold client money? Yes No

Do you require risk transfer? Yes No

How does your organisation ensure that customers are treated fairly, that positive customer outcomes are achieved and negative outcomes addressed?

Are there clear Board/Senior Management Meetings or other forums to discuss conduct risk issues that may be impacting customer outcomes?

What processes and controls do you have in place to ensure that vulnerable customers are protected?

Which of the following does your firm maintain? *(tick as appropriate)*

Conflicts of Interest Policy Conflicts of Interest Log Conduct Risk Policy
TCF Policy Data Security Policy Financial Crime & Money Laundering Policy
Internal Breach Register Documented Complaints Procedure

Are all relevant staff trained on how to recognise a complaint? Yes No

Have you received any complaints that relate to our products in the last 12 months? Yes No

Renewal date for your professional indemnity insurance policy
(Please provide a copy of your professional indemnity insurance)

Are all relevant staff working towards receiving 15 hours of training per annum? Yes No

Is a training log kept so that you can demonstrate how training activity is tracked? Yes No

Have there been any significant changes to controller functions or company structure in the last 12 months? Yes No

If 'yes', please provide details

Please return this form along with our signed Terms of business to **compliance @seib.co.uk**