



SUPPLEMENTARY QUESTIONNAIRE

MANAGEMENT SYSTEMS AND CONTROLS FOR APPOINTED REPRESENTATIVES, NETWORKS & COMPLIANCE SUPPORT COMPANIES

1 Numbers

i) Numbers of AR Firms (reference here and throughout to ARs includes member firms for Networks and CSCs)?

ii) Numbers of Registered Individuals (please attach a list of all AR firms and Registered Individuals in each that will be subject to your PI cover)?

iii) Do you intend to contract with any more ARs over the next 12 months (if "Yes", please provide details requested in 1(i) and 1(ii) above)?

iv) In the last 12 months, how many of your ARs have been:

a) Suspended?

b) Terminated?

2 Organisation & Structure

i) What supervision structure have you established to monitor the regulated activities of your ARs (Please provide an Organisation Chart showing clear reporting lines for ARs)?

ii) Are ARs subject to regular reviews of their client files, which are selected by your firm?

iii) Are ARs required to submit files and specified information for your central records?

iv) Are high-risk product recommendations subject to independent approval by your firm?

v) If "Yes", which products:

vi) How many ARs have had an inspection visit from you in the last 12 months?

vii) How many personnel do you employ in the Compliance 'Department'/Team/Role?

viii) How many personnel do you employ in the Training & Competence 'Department'/Team/Role (for questions 2(vii) & 2(viii), please attach details of qualifications and experience of the personnel concerned)?

ix) Please provide details of any other supervisory / management controls over ARs that we have not asked about:

3 Contract Arrangements

i) Does your contract with ARs include a requirement for the AR to abide by all quality assurance systems specified by you as the responsible principal?

ii) Does it also include an agreement for you to be allowed access to any personnel, records and systems as necessary to supervise operations to ensure compliance with regulatory requirements?

4 Fitness & Propriety

i) Have you verified (in accordance with the requirements of Supervision Chapter 12 of the FSA Handbook) that all existing ARs are suitable, solvent, and of good repute?

Yes / No

ii) Do you also ensure this for all new ARs appointed?

Yes / No

iii) How do you monitor these conditions on a continuing basis?

5 Training & Competence

i) How do you assess the competence of ARs?

ii) At what frequency is this reviewed?

iii) What role do you have in monitoring the training and development activities undertaken?

DECLARATION

I/We are authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.

Signed:

Capacity:

Company:

Date: