

# Financial Institutions BANKS

# Please provide with this proposal form the most recent copies of the following documents:

- Insured's audited annual report and accounts and any additional applicable filed financials
- Organisation structure chart
- Any supplementary information which is material to the response of the questions
- Completed relevant appendices

# **Insured Information**

1.	Name	of the	Insured:
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2.	Name	of the	parent	company	(if	applicat	ole)	:
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- 3. Principal address:
- 4. Website address:
- 5. Date of establishment: / /
- 6. Type of financial institution:

Acquiring bank

**Building society** 

Central bank

Development bank

Investment bank

Private bank

Retail bank

Universal bank

If other, please specify:

7. Please state the total number of full-time employees and offices in each location:

	Employees	Offices
UK		
Europe		
US		
Canada		
South America		
Africa		
Asia		
Oceania		
Middle East		
Eastern European		
Caribbean		
Total		

# **Activities**

- 8. Please state the total revenue from the Insured's last audited financial statement:
- **9.** Please state the percentage split of revenue:

	Percentage split
Retail loans	%
Commercial loans	%
Interbank loans	%
Asset management fees	%
Fund administration services	%
Insurance income	%
Investment banking (capital market & underwriting)	%
Investment banking (M&A advisory)	%
Proprietary trading	%
Trading & brokerage fees	%
Trust advisory & management	%
Wealth management fees	%
Other	%
Total	100%

- **10.** Please list any other revenue producing services/activities:
- 11. Please state the percentage split of revenue in each location:

	Percentage split
UK	%
Europe	%
US	%
Canada	%
South America	%
Africa	%
Asia	%
Oceania	%
Middle East	%
Eastern European	%
Caribbean	%
Total	100%

# **Activities (continued)**

<b>12.</b> P	Please provide detai	ils of any new so	ervices or pro-	ducts intended to	be offered in the	next 12 months:
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13. Are external financial advisers or other agents used to distribute products?

Yes No

If 'YES':

- a. What is the percentage of revenue derived from products distributed by external financial advisers and agents: (%)
- b. Please describe how the Insured manages external agents/financial advisers and how they are remunerated?
- **14.** Are any professional services sub-contracted?

Yes No

If 'YES', please provide details of these services:

# **Risk Management**

15. a. Is there an agreed internal audit plan?

Yes No

b. Have all material recommendations arising from the internal audit plan been implemented?

Yes No

If 'NO', to either of the above, please provide details:



# Risk Management (continued)

<ol><li>a. Please state the name of the external audit compan</li></ol>	y used:
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b. Have all recommendations made by the external audit company been implemented?

Yes No

If 'NO', please provide details:

- 17. a. Please state the Insured's primary regulator:
  - b. When was the Insured's most recent regulatory review?
  - c. Have all recommendations arising from the most recent regulatory review been implemented?

Yes No

If 'NO', please provide details:

18. Does the Insured have compliance procedures to ensure all staff comply with the regulatory rules, principles, codes and guidelines?

Yes No

19. Are all new services and products subject to an approval process that includes sign off from the business unit manager, compliance and legal?

Yes

No

# Risk Management (continued)

20. Does the Insured have a business continuity plan that is regularly reviewed, updated and tested?

Yes No

21. Is there an IT cyber security plan in place that is regularly reviewed, updated and tested?

Yes No

If 'NO', to questions 18-21, please explain:

22. Are all services provided subject to written or electronic contractual agreement?

Yes No

If 'YES', are these agreements legally reviewed prior to acceptance?

Yes No

If 'NO', please explain:

### **Employee Controls**

23. Is there a rule book or are there instructions covering all aspects of the business which is maintained and operated and which clearly defines the duties of each employee?

Yes No

24. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion?

# **Employee Controls (continued)**

25. Is there a job rotation policy in place?

Yes No

**26.** Is there an established policy for checking the background of job candidates prior to them being offered employment?

Yes No

27. Are all employees required to take an uninterrupted annual holiday of at least 10 working days?

Yes No

#### **Account Controls**

- 28. Are duties of employees segregated so that no one individual can control any of the following functions from beginning to end without referral to another individual:
  - a. Signing of cheques above £5,000?

Yes No

b. Issuing fund transfer instructions?

Yes No

c. Issuing amendments to fund transfer procedures?

Yes No

d. Investment in and custody of securities or other valuables (including blank cheques, travellers cheques, bills exchange etc)?

Yes No

e. Authorising capital expenditure?

Yes No

f. Appointing new suppliers or awarding contracts?

Yes No

g. Opening new bank accounts or amending approved signatory details?

Yes No

h. Disbursement of loans (including loans to employees) or approving borrowings?



# **Account Controls (continued)**

If 'NO', to any of the above (question 28), please explain:

# **IT Controls**

29.	Is there an I	T cyber security plan in place that is regularly reviewed, updated and tested?
	Yes	No
30.	Is annual tra	ining conducted for every employee for IT security issues and procedures?
	Yes	No
31.	Are electron	ic passwords used to control varying levels of security access to computer systems?
	Yes	No
32.	Does all rem authenticati	note access to the company's network and corporate e-mail require multifactor on (MFA)?
	Yes	No
33.	Are periodic	password changes enforced?
	Yes	No
34.	Are user acc	counts and system access automatically withdrawn upon termination of employment?
	Yes	No
35.	Are all comp	outer software changes independently approved before being implemented?
	Yes	No
36.	ls all valuabl	e/sensitive data backed-up on a daily basis, encrypted and stored off site?
	Yes	No
37.	Are comput	er programs/software monitored for unauthorized access?
	Yes	No
38.		ncident response plan for network intrusions, data breaches and virus incidents that is viewed, updated and tested?
	Yes	No

#### **IT Controls**

39. Is a software update process currently enforced, including installation of software patches?

Yes No

If 'YES', are critical patches installed within 30 days of release?

Yes No

**40.** Are computer service providers who may have access to confidential information or personally identifiable information required to demonstrate adequate security policies and procedures?

Yes No

41. Are computer service providers required by contract to indemnify the Insured for harm arising from a breach of the provider's security?

Yes No

#### **Fund Transfer**

**42.** Are fund transfer instructions accepted from clients by telephone, email, text message or an alternative method of communication?

Yes No

If 'YES', are payment instructions always verified?

Yes No

43. Is there a social engineering fraud risk management strategy in place?

Yes No

**44.** Are all requests to change bank and payment details verified and validated by using pre-agreed contact details?

Yes No

**45.** For first time payments, is both the request for the payment and the bank details provided, verified and validated?

Yes No

If 'NO', to any of the above, please explain:

# Security

<b>46.</b> Please state the maximum value of securities, cash, precious metals and/or jewel	ery at:
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- a. Head office:
- b. Any one branch:
- c. Any cash centre:
- 47. Please confirm there is continuous CCTV surveillance in operation throughout all premises:

Yes No

a. Is there controlled security access to all business premises?

Yes No

b. Are all premises fitted with alarm systems which are connected to the Police and tested by a certified third party?

Yes No

If 'NO', please explain:

# **48.** Please state the maximum amount of securities, cash, precious metals and/or jewellery in transit at any one time:

**49.** Please confirm all transits are carried out by armoured motor vehicles:

Yes No

If 'NO',

a. Are messengers accompanied by police or armed guards?

Yes No

b. Are trips scheduled at irregular intervals and over varying routes?



#### Claims Information

- **50.** Please read the following statements and confirm as indicated below:
  - a. No claim, proceeding or demand has been made or brought against the Insured or any of its directors, officers or employees in the last five years (whether insured or not);
  - b. The Insured or any of its directors, officers or employees have not been the subject of any regulatory, administrative or governmental investigation in the last five years (whether insured or not);
  - c. No crime losses have been sustained by the Insured in the last five years (whether insured or not);
  - d. The Insured, after enquiry, is not aware of any act, error, omission, event, circumstance or incident which may give rise to a claim, proceeding or demand or any regulatory, administrative or governmental investigation or crime loss.

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Yes No

If 'NO', please provide details below or on a separate sheet:

## Important notice

Before commencement of any insurance policy, the Insured is required to make a fair presentation of the risk. The Insured must disclose all material circumstances which the Insured knows or ought to know or, failing that, has given us, Inigo the Insurer, sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances.

A material circumstance is one which would influence a prudent insurer's judgement of the risk. If the Insured has any questions regarding the duty to make a fair presentation of the risk then please contact your broker for further information.

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It is declared that the Insured has made a fair presentation of the risk. This declaration is signed by the director officer who is responsible for arranging insurance on behalf of the Insured.

Signature: Position: Date: / /

This proposal form should be signed no earlier than 30 days prior to inception of the policy.

# Appendix A: Private Banking

1. Please describe products and services offered:

2. Is the sustainability of investment advice given to clients monitored?

Yes No

If 'YES', please explain:

3. a. Is there an approved list of securities?

Yes No

b. Are relationship managers authorised to deviate from this list?

Yes No

If 'YES', please explain:

# Appendix B: Investment Banking

1. Please state the percentage split of income by activity:

	Income	Income derived from USA
M&A/Corporate Advisory	%	%
Equity – new issuance	%	%
Equity – secondary issuance	%	%
Debt – new issuance	%	%
Debt – secondary issuance	%	%
Structured financial products	%	%

- 2. Please state the total number of transactions in the last 12 months:
- **3.** Please state the average value of transaction in the last 12 months:
- 4. Please state the average fee income per client:
- 5. Please state the largest fee income per client:
- **6.** Please state the average underwriting participation:
- 7. Please state the largest underwriting participation:
- 8. Please confirm there are regularly reviewed and updated formal procedures in place:
  - a. to ensure financial ability of buyers represented in M&A transactions

Yes No

b. when independent outside review is required with respect to any investment banking transaction

# Appendix B: Investment Banking (continued)

c. for a secondary independent review or an internal procedure prior to the release of advice or documentation to ensure all aspects of the transaction as agreed have been completed

Yes No

d. to ring-fence sensitive information and to ensure there are no conflict of interests Yes No with other areas of your organization

Yes No

e. to ensure that risk sensitive information is not viewed by the general public

Yes No

9. Please detail below failed or incomplete transactions:

10. Please provide details of the 3 largest transactions by deal size:

Name of Client	Type of transaction	Date	Value of deal	Amount underwritten by Insured

# Appendix C: Building Society/ Non-Bank Lender

- 1. Please state the average loan to value of:
  - a. residential portfolio (%)
  - b. commercial portfolio (%)
- 2. Please state the maximum loan to value accepted:
  - a. residential portfolio (%)
  - b. commercial portfolio (%)
- 3. Please provide the percentage split of the loan portfolio by loan value for the last 12 months:

Less than £500,000	%
Between £500,000 and £1,000,000	%
More than £1,000,000	%
Total	100%

4. Are financial advisory services provided to customers?

Yes No

If 'YES', please provide details of the type of financial advice given:

5. How are loans originated?

In-house Third party originators

- **6.** Please describe the source of funding for lending:
- 7. Does the insured undertake all loan servicing activities?

Yes No

If 'NO', please explain:

#### **Data Protection Notice**

Inigo collects and uses information, including any relevant personal data, provided by the Insured in order to consider providing an insurance quote for the Insured and any other entities or individuals intended to benefit from the proposed insurance.

If Inigo needs to process or obtain any special category data not provided by the Insured within this proposal form then Inigo will seek consent from the Insured before doing so. If the Insured is providing any personal information on behalf of an individual, then the Insured must inform that individual of this notice.

Inigo may share the information collected with a number of third parties including but not limited to agents, brokers, reinsurers, regulators and law enforcement agencies. Inigo will only disclose any personal information to the extent required or permitted by law.

If the Insured or any individual wishes to contact Inigo regarding their data and rights then please contact Inigo's Data Protection Officer at **dpo@inigoinsurance.com** 

Full details of Inigo's privacy policy can also be found here: inigoinsurance.com/privacy-policy

