

### Financial Institutions INSURANCE COMPANY

#### 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



#### Insured Information

- 1. Name of the Insured:
- 2. Name of the parent company (if applicable):
- 3. Principal address:
- 4. Website address:
- 5. Date of establishment: / /
- 6. Are there any shareholders who own more than 10% of the issued shares in the Insured?
  - Yes No

If '**YES**' please provide details of the shareholders and the percentage of shares held (%):

7. Type of insurance company:

Captive

Composite

Life

- Lloyd's Syndicate
- Managing General Agent (MGA)

Mutual

Reinsurance

Property & Casualty

If other, please specify:

8. 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		

# NIGO

#### Activities

9. Please state the figures from the Insured's last audited financial statement for the following:

Total Revenue	
Gross Written Premium	
Combined Ratio	%
Solvency Ratio	%

**10.** Please state the percentage split of gross written premium:

	Percentage split
Life	%
P&C	%
Personal lines	%
Commercial lines	%
Medical/ Healthcare	%
Total	100%

	Percentage split
Insurance	%
Reinsurance	%
Total	100%

11. Please list any other revenue producing services/activities:

12. Has the Insured entered into any new classes of business in the last 2 years?

Yes No

If 'YES' please provide details:

**13.** Please provide details of any new services or products intended to be offered in the next 12 months?



#### Activities (continued)

14. 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%

## **15.** a. Please state the percentage split of gross written premium by distribution channel:

	Life business	All other classes of business
Direct	%	%
Insurance broker	%	%
Tied agents	%	%
Independent finan- cial advisors (IFAs)	%	%
Total		100%

b. Please describe the procedures in place to regularly monitor the suitability of advice and sales processes of products distributed through Agents or IFAs:

c. Does the Insured have a formal complaints management procedure in respect of the suitability of products and advice?

#### Yes No

If 'NO', please explain:

d. Are any professional services sub-contracted?

Yes No

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



#### **Claims procedures**

16.	Ple	ase state th	e total number of claims handling personnel:
17.	Ple	ase state th	e total number of claims handling personnel:
		Yes	No
	lf ''	YES',	
	a.	What is th	e maximum authority given to the third party administrators?
	b.	ls there a s administra	standard contract, containing hold harmless agreements, for third party ators?
		Yes	No
18.	Ple	ase state th	e total number of claims handling personnel:
		Yes	No
Deleo	gated	authority	
19.	Ple	ase state th	e percentage of gross written premium that is underwritten via delegated authorities: %
20.	Are	Managing	General Agents given authority to negotiate and settle claims?
		Yes	Νο
			s the maximum authority given to Managing General Agents? Please describe how erwriting is monitored to ensure performance expectations are achieved:
Diale			
RISK	mana	agement	
21.	a.	Is there ar	n agreed internal audit plan?
		Yes	No
	b.	Have all m	aterial recommendations arising from the internal audit plan been implemented?
		Yes	No



#### **Risk Management (continued)**

If 'NO', to either of the above (question 21), please provide details:

- 22. a. Please state the name of the external audit company used:
  - b. Have all recommendations made by the external audit company been implemented?

Yes No

If 'NO', please provide details:

- 23. 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:

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

Yes No

**25.** 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)**

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

Yes No

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

Yes No

If 'NO', to questions 24-27, please explain:

28. 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:

#### Internal controls

29. Does the Insured operate and maintain a formal underwriting and claims manual?

Yes No

**30.** Is the department in charge of premium handling and payments independent from the day to day insurance activities?

Yes No

31. Is responsibility for claims inspection/settlement separate to underwriting duties?

Yes No

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

Yes No



#### Fund Transfer

**33.** 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

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

Yes No

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

Yes No

**36.** 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:



#### **Claims Information**

- 37. 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);
  - 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.

All the statements above are true and accurate:

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.

	nsured has made a fair presentati who is responsible for arranging i			
Signature:	Position:	Date:	/	/

#### **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

