APPLICATION AND DUE DILIGENCE

**PURPOSE:** Moorhouse Group Limited (MGL) requires this form to be completed by any company or individual who intends to pass customer information to Xbroker with the view of incepting policies, or intend to incept policies by way of delegated authority.

The aim of this due diligence is to measure, verify and ensure leads that will be supplied will comply with all business and legal constraints and demonstrate our corporate responsibility and your competence and suitability for a commercial requirement.

**HOW TO COMPLETE:** Please open this document in Microsoft Word and complete all the fields that apply to you or your organisation.

This form is required to be completed by the organisations Director(s) and/or Senior Manager(s) of the organisation.

Once you’ve completed all information and have relevant supporting documentation. Please send this information by recorded post or email, to the following address,

Moorhouse Xbroker Contact details;

|  |  |
| --- | --- |
| Contact Name: | Ian Brown |
| Email: | Compliance@moorhousegroup.co.uk |
| Address: | Barclay House  2-3 Sir Alfred Owen Way  **Caerphilly**  CF83 3HU |

If you require any help, please ask before submitting this assessment back to Moorhouse Group Ltd

**When Received**

Information will be checked by Moorhouse Group Ltd’s Compliance team;

* If standards are met, acknowledgment will be sent by email confirming that we are able to do business.  
  (This does not mean that MGL are in any way bound to enter into a contract with your organisation).

If standards aren’t met; we will ask for further information or, in some situations may not be able progress.  
We will contact you in each instance.

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## Section 1 – Your Details

|  |  |
| --- | --- |
| **ADDRESS DETAILS** | |
| Company Name |  | | Company Number: |
| Building |  | |  |
| Street |  | |  |
| Town |  | |  |
| County |  | |  |
| Postcode |  | |  |
| Telephone |  | | (General contact) |
| Facsimile |  | |
| Email |  | |

|  |  |
| --- | --- |
| **DAY TO DAY CONTACT** | |
| Name |  | | Person we should contact in first instance |
| Job Title |  | |
| Telephone |  | |
| Mobile |  | |
| Email |  | |

|  |  |
| --- | --- |
| **RESPONSIBLE PERSON** | |
| Name |  | | Director or officer responsible for compliance. |
| Job Title |  | |
| Telephone |  | |
| Mobile |  | |
| Email |  | |

|  |
| --- |
| **Trading Names** |
|  | |  |
|  | |  |

|  |
| --- |
| **Please provide details of any change to your company name, trading name, ownership, legal status or business address in the last 5 years** |
|  |

|  |
| --- |
| **Directors** |
| Name |  | Date Of Birth |  |
| Name |  | Date Of Birth |  |
| Name |  | Date Of Birth |  |
| Name |  | Date Of Birth |  |
| Name |  | Date Of Birth |  |

|  |  |  |
| --- | --- | --- |
| Please enclose a copy of your current professional indemnity/E&O and (where relevant) Fidelity Insurance policy(ies) or declaration page(s) (this should include limit(s), deductible(s)/excess(es),insurer, period of cover and confirmation that it covers your activities on our behalf). | | |
| Do your policies extend to acts of dishonesty of employees? | Yes | No |
| If not, do you purchase a separate Fidelity insurance policy? | Yes | No |
| Do your policies cover all your activities on our behalf? | Yes | No |
| Do you have additional lines of PI cover | Yes | No |
| Have you had a claim under your E&O/Fidelity/Dishonesty policy in the last 12 months | Yes | No |
| If ‘Yes’ please explain below | | |
|  | | |

## 

## Section 2 – Regulatory Matters

|  |  |  |
| --- | --- | --- |
| Please advise us of your FCA registration number |  | |
| What permissions does your firm currently hold? |  | |
| Is the scope of your permission adequate to carry out your agreement with us | Yes | No |
| In the last 12 months have you, your company or any member of your staff been fined, censured or subject to a formal enquiry by a regulatory body or has any licence been suspended or terminated? | Yes | No |
| If ‘Yes’ Please explain below | | |
|  | | |
| Does the company have a business continuity plan | Yes | No |

## 

## Section 3 –Reputation and standing

|  |  |  |
| --- | --- | --- |
| Has your company been a party to any legal action, have any legal proceedings been commenced to which your company is a party or are any such actions pending in which your company has been named as a defendant in the last twelve months? | Yes | No |
| If ‘Yes’ Please explain below | | |
|  | | |
| Have you or any of your company’s directors, officers, principals or partners or any organisations in which you or they have held managerial position in the last 12 months: | | |
| Been subject to any application for liquidation, receiverships, bankruptcy or similar proceedings? | Yes | No |
| Been subject to an administrative order entered into or purpose to enter into an agreement or assignment with creditors or otherwise acknowledge insolvency? | Yes | No |
| Been disqualified under company law? | Yes | No |
| Been criticised, fined, disciplined, suspended or expelled by any insurance industry trade association or regulatory body? | Yes | No |
| Had a licence or authorisation to conduct insurance business refused, suspended, withdrawn or not renewed? | Yes | No |
| Been asked to resign (other than taking redundancy) or been dismissed from any previous office or employment? | Yes | No |
| If ‘Yes’ Please explain below | | |
|  | | |

## Section 4 – Financial arrangements

|  |  |
| --- | --- |
| Please enclose a copy of your latest accounts and annual report | |
| Please provide the following information:- | |
| Bank Name |  |
| Bank Address |  |
| Account Name |  |
| Account Number |  |
| Sort Code |  |

|  |  |
| --- | --- |
| Please confirm whether you keep insurers’ money in a separate account? | |
| YES | |  |
| NO | |  |
| If ‘No’, please explain below | | |
|  | | |
| Is this a trust account? | |  |
| Please provide the title of the account |  | |

|  |  |  |
| --- | --- | --- |
| Does your firm hold the necessary capital resource requirement as set out by the FCA? (5% of turnover for firms who hold client money, 2.5% of turnover for firms who do not hold client money) | Yes | No |
| Does your firm hold client money? | Yes | No |

***(Only complete this section if your firm has permissions to hold client money, if you do not hold client money, please move onto section 5)***

|  |
| --- |
| Does your firm hold client money in a separate trust account? |
| YES |  |
| NO |  |
| If ‘No’, outline your client money arrangements below | |
|  | |
| Is the account a statutory or non-statutory trust account? | |
| Statutory |  |
| Non-Statutory |  |

|  |  |
| --- | --- |
| Please indicate how frequently your firm carries out reconciliations on your client bank account |  |

## Section 5 – Information security and Lead Generation

|  |  |  |
| --- | --- | --- |
| Please advise us of your information commissioner’s office registration number |  | |
| Do you record your telephone calls held with customers | Yes | No |
| Please confirm you are happy for us to listen to a sample of these calls from time to time as part of our due diligence process | Yes | No |
| Please confirm that you have a data protection policy in place, please supply a copy | Yes | No |
| Please confirm that you take steps to ensure lists are fully opted in and consumers have given consent to be contacted and that lists are telephone preference service cleansed. | Yes | No |
| Do you have a TPS policy, please supply a copy | Yes | No |
| Do you have a cancellation policy in place for the clients to be able to revoke their consent to receiving further calls and communications? | Yes | No |
| Do you Sub Broke any of your insurance products? | Yes | No |
| Do you trade online? | Yes | No |
| Do you have any Appointed Representatives? | Yes | No |

## Section 6 – Treating Customers Fairly / Consumer Duty and Product Value

|  |  |  |
| --- | --- | --- |
| Do you believe your company complies with the TCF principles as set out by the FCA and will continue to do so under Consumer Duty | Yes | No |
| Do you believe that the products offered by your firm meet the requirements of your customers | Yes | No |
| Do you believe that the products being offered to your clients are clear and not misleading? | Yes | No |
| Do you believe that your remuneration, fees and any premium finance arrangements provide fair value for your customers? | Yes | No |
| Please confirm that you have plans in place to implement readiness to meet the requirements and rules for the FCA’s Consumer Duty | Yes | No |
| Have any TCF issues arisen within your firm within the last 12 months? | Yes | No |
| If ‘Yes’ please explain below | | |
|  | | |

## Section 7 – Financial Crime

|  |  |  |
| --- | --- | --- |
| Does your firm have in place an Anti-Money Laundering Policy | Yes | No |
| Does your firm have in place an Anti- Bribery Policy | Yes | No |
| Does your firm have in place a Fraud Prevention Policy | Yes | No |

## Section 8 – Monitoring Consent

|  |  |  |
| --- | --- | --- |
| Please confirm that you agree to Xbroker using the REGUK system for ongoing monitoring and alerts of any changes which may affect our trading relationship. This includes but is not necessarily limited to FCA Register records, Companies House records and filing, Credit Data, PII Coverage and ICO register. Where any alert requires further information, you undertake to provide any requested information in a timely and co-operative manner. | Yes | No |

## Section 9 – Declaration

**Statement of Truth**

I am the person responsible for compliance with consumer fairness, credit, trading, data protection and privacy regulations and guidance within the above named organisation and I confirm that the information above is, to the best of my knowledge, accurate.

Date:

Name:

|  |
| --- |
| Signature: |
|  | |