



**General Information**

Surname:					
Forename(s):					
Former Name (if applicable):					
Private Address: (Please complete even if you wish your correspondence to be directed elsewhere.)	Postcode				
Correspondence address if different to above.  <b>(To comply with the policy conditions and to facilitate the renewal, please advise us as soon as possible of any change to your contact details.)</b>	Postcode				
Home Telephone:					
Work Telephone:					
Mobile Telephone:					
Private Email Address:					
Aggregate Limit Required (GBP)?	<b>50,000</b>	<b>100,000</b>	<b>250,000</b>	<b>500,000</b>	<b>1,000,000</b>
When would you like to start? (DD/MM/YY)					

**Current Employer**

Name of Current Employer					
Address:	Postcode				
Email Address:					
Position Held					
Nature of Firm's Business:					
Are you a member of the Securities & Investment Institute?	Yes/No				
Please provide details of any membership of any association or society of dealers in securities or any Recognised Investment Exchange you hold currently, or have held at any time within the last five years.					



**Career History**

Please provide a list of your past Employers during the last five years and provide any explanation if there are any gaps in your employment. (Please attach details if required.)

From	To	Employer	Nature of Business	Position Held	Reason For Leaving

Are you currently registered with the FSA as an approved person?

Yes/No

If yes please indicate your control function(s) or Category (1 or 2) by referring to the last page of this proposal form.

**Please note that this insurance is not intended to cover individuals formally regulated by the PIA or who now transact life, pension or certain insurance related activities. Control functions 12B and previous functions 18, 24 and 25 are therefore not covered by this insurance policy. Please see list of Control Functions at the end of this Proposal Form.**

Date first registered? (DD/MM/YY)

**Declarations**

Are you currently being or have you ever been investigated by any regulatory body in the United Kingdom or elsewhere?

Yes /No

**Fitness & Propriety**

If, at the date of signing this proposal form, you were required to complete Section 5 of the FSA Form A “Application to perform control functions under the approved persons regime” would your answer be “Yes” to any part?

If your answer to the above question is “Yes” please provide and/or attach full details.

Yes /No

Is there any other information relating to you or your firm that you consider to be relevant to this proposal? If the answer is “Yes” to the above please provide full details.

Yes /No

The Insurer must be informed of any other information that is deemed to be material in nature and in some way would change the Insurer’s decision to insure the applicant or assess the premium to be charged. It is therefore vital that you answer all questions as explicitly as possible and if any information should change before the policy commences it should be notified to the Insurer at the earliest opportunity. Failure to declare relevant or material facts may result in the cover being voided by the Insurer.

If you have any doubt concerning whether anything is material you should state it. Please telephone Blackmore Borley Limited on (020) 7929 4616, or email us on [info@reginsurance.com](mailto:info@reginsurance.com), if you have any questions.



<b>Signature</b>	<b>Date</b>
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**Method of Payment**

Please post the completed signed and dated proposal form to BLACKMORE BORLEY LIMITED, 52 Lime Street, London EC3M 7NP or facsimile the form to us on (020) 7929 4626. If you have already received a premium indication please enclose your cheque with the completed form or telephone us to provide your credit card details

**FSA Approved**

BLACKMORE BORLEY LIMITED is authorised and regulated by the Financial Services Authority (“FSA”) to sell general insurance products. Our FSA register number is 311926 and you can check this on the FSA’s register by visiting the FSA’s website ([www.fsa.gov.uk/register](http://www.fsa.gov.uk/register)) or by contacting the FSA on 0845 606 1234.

In the unlikely event that you need to register a complaint please contact us at the address or telephone stated above. If you cannot settle your complaint with us you may be entitled to refer it to the Financial Ombudsman Service

**How to Make a Claim**

It is important to note, that as soon as the insured approved person becomes aware of a circumstance that may lead to a claim under this policy you must contact the insurer at the earliest opportunity. Please refer to your policy wording for the contact details.

**Policy Wording**

We would encourage each Insured to review the [Summary of Cover](#) or by requesting a copy from us prior to purchasing this cover. For a description of Control Functions please see below.

When a policy has been purchased a Policy Schedule is issued which must be read in conjunction with the policy wording lodged on our website, using the Password then provided. If a hard copy of the complete policy wording is required then please request this at the time of purchasing the cover.



## REGULATORY INSURANCE POLICY

52 Lime Street  
London  
EC3M 7NP

TYPE	CF	DESCRIPTION OF CONTROL FUNCTION	CATEGORY
<b>Governing function</b>	1	Director function	1
	2	Non-executive Director	2
	3	Chief executive function	1
	4	Partner function	1
	5	Director of an unincorporated association function	2
	6	Small friendly society function	2
<b>Required function</b>	8	Apportionment and oversight function	1
	10	Compliance oversight function	1
	11	Money Laundering reporting function	1
	12	Actuarial function	1
	12A	With profits actuary function	1
	12B	Lloyds actuary function	Not Covered
<b>Systems and Controls function</b>	28	This replaces Control Functions 13-15	
		(13) Finance function	1
		(14) Risk assessment function	2
		(15) Internal audit function	2
<b>Significant Management function</b>	29	This replaces Control Functions 16-20	
		(16) Significant management (designated investment business) function	1
		(17) Significant management (other business operations) function	2
		(18) Significant management (underwriting) function	Not Covered
		(19) Significant management (financial resources) function	2
		(20) Significant management (settlement) function	2
<b>Customer function</b>	30	This replaces Control Functions 21-27	
		(21) Investment adviser function	1
		(22) Investment Adviser (trainee) function	2
		(23) Corporate finance adviser function	1
		(24) Pension transfer specialist function	Not Covered
		(25) Adviser to syndicates at Lloyd's function	Not Covered
		(26) Customer trading function	1
		(27) Investment Management function	1