

ATE insurance providers - information form

This form is part of your firm's mandatory declaration. You must ensure the information you provide is accurate.

You have told us that your firm arranges ATE insurance on behalf of clients for consumer claims.

You are required to provide information about each of your firm's ATE insurance providers. **Please complete a separate form for each ATE insurance provider.**

The information gathered as part of this process will be used in the discharge of our regulatory obligations. This will include assessing compliance with our Standards and Regulations and potentially informing further regulatory action.

This section relates to your and your firm's professional obligations set out in:

- [Principle 7](#)
- [SRA Financial Services \(Scope\) Rules](#)
- [SRA Financial Services \(Conduct of Business\) Rules.](#)

Information about your firm

Firm name _____

Firm SRA ID _____

Your name _____

Your role _____

Your firm's ATE insurance provider

1. Is the ATE insurance provider an insurer, broker or underwriter?

- () Insurer
() Broker
() Underwriter

2. What is the ATE insurance provider's name? _____

Your firm's ATE insurance arrangements

3. What is [ATE insurance provider]'s company registration number? _____

4. What type(s) of consumer claims does [ATE insurance provider]'s insurance policies relate to?

- ☐ Car finance
- ☐ Cavity wall insulation
- ☐ Diesel emissions
- ☐ Data breach, data protection and cyber security
- ☐ Flight delay
- ☐ Holiday sickness
- ☐ Housing disrepair
- ☐ Japanese knotweed
- ☐ Mis-sold pensions
- ☐ Mis-sold tax avoidance schemes
- ☐ Payment Protection Insurance
- ☐ Solar panels, green energy and other energy
- ☐ Tax refund
- ☐ Timeshare
- ☐ Other financial services claims
- ☐ Other consumer claims - please give details: _____

5. How much commission or remuneration has *[your firm]*, or any individual at *[your firm]*, received from *[ATE insurance provider]* for ATE insurance policies over the last twelve months? _____

6. How many ATE insurance policies has *[ATE insurance provider]* incepted on behalf of clients over the last twelve months? _____

7. How many claims for indemnity under an ATE insurance policy has *[ATE insurance provider]* made over the last twelve months? _____

8. How many claims for indemnity under an ATE insurance policy has *[ATE insurance provider]* declined in whole or part over the last twelve months? _____

Declaratory statement

I, *[your name]*, am *[your firm]'s [your role]*.

I understand that it is my responsibility to make sure all the information I have given is correct and complete.

I understand that if I have knowingly or recklessly given you information that is false or misleading (or if I failed to tell you about any significant information) you could take disciplinary action.

☐ I confirm that the information I have given is correct, to the best of my knowledge and belief.

☐ I confirm that I have taken reasonable steps to verify the information provided from records held by the firm and consider the responses to be complete and accurate.