

## Retail Intermediaries Annual Return Mock-Up

Notes: Fields in Italics are pre-populated, based on our existing records.

General Information	
<b>1</b>	<b>Trading Name</b>
	<i>ABC Insurances</i>
	<b>Is this the correct trading name of the Firm?</b>
	Yes/No
<b>2</b>	<b>Legal Status</b>
	<i>Private Limited Company</i>
<b>3</b>	<b>Is this still the correct Legal Status of the Firm?</b>
	Yes/No
	<b>This Firm is a Private Company Limited by Shares with a single director only (as defined in the 2014 Companies Act)</b>
	Yes/No
	<b>Authorisation Status and Authorisation Sub Status</b>
	<i>IDR Firm: Authorisation Status is Registered and Auth Sub Status is Insurance Intermediary Investment Business Firm: Auth Status is Authorised and Auth Sub Status is Standard MRT: Auth Status is Mortgage Credit Intermediary and Mortgage Intermediary</i>
<b>4</b>	<b>Are you a member of any representative bodies?</b>
	Yes/No
<b>5</b>	<b>Representative Body (Select Yes for all that apply)</b>
	Brokers Ireland      Yes/No
	<b>Other</b>
	Yes/No
	<b>If other, please specify:</b>
<b>6</b>	<b>Principal Business Address</b>
	Address 1      Completion of this field is mandatory
	Address 2      Completion of this field is mandatory
	Address 3
	Address 4
	Address 5
	County      Completion of this field is mandatory

<b>7</b>	<b>Contact Information</b>	
	Telephone	Completion of this field is mandatory
	Email Address	Completion of this field is mandatory
	Contact Person Forename	Completion of this field is mandatory
	Contact Person Surname	Completion of this field is mandatory
	Website Address	
<b>8</b>	<b>Compliance Officer/Person Responsible for Compliance</b>	
	Forename	
	Surname	
<b>9</b>	<b>Auditor's Information</b>	
	Auditor's Name	Mandatory Completion for Investment Intermediaries only
	Auditor's Address 1	Mandatory Completion for Investment Intermediaries only
	Auditor's Address 2	Mandatory Completion for Investment Intermediaries only
	Auditor's Address 3	
	Auditor's Address 4	
	Auditor's Address 5	
	Auditor's County	Mandatory Completion for Investment Intermediaries only
	Auditor's Telephone	Mandatory Completion for Investment Intermediaries only
	Auditor's Email Address	Mandatory Completion for Investment Intermediaries only

Please note that if any of the categories below are not applicable, please leave the field blank when completing the return.

Financial Information		
Information		Amount (Euro)
1	Tangible Fixed Assets	
2	Intangible Assets (e.g. Goodwill)	
3	Current Assets (<1 year)	Value entered cannot be zero
4	Current Liabilities (<1 year)	
5	Net Current Assets	<b>Validation:</b> $5 = 3 - 4$
6	Long-Term Liabilities (>1 year)	
7	Net Assets/Shareholders Funds	<b>1st Validation:</b> $7 = 1 + 2 + 3 - (4 + 6)$ <b>2nd Validation:</b> $7 = 9 + 10$
8	Net Assets less Intangible Assets	<b>Validation:</b> $8 = 7 - 2$
9	Issued Share Capital or Capital Account	Value entered cannot be zero
10	Reserves	
11	Bad Debt Provision	
12	Subordinated Loans	

13	Intercompany Loans Receivable	
14	Intercompany Loans Payable	
15	Loans to Directors	
16	Gross Income/ Turnover	Value entered cannot be zero
17	Commission Income	
18	Fee Income	
19	Operating Profit	Value entered cannot be zero
20	Net Profit after tax	Value entered cannot be zero
21	Goodwill that has been verified by Auditors as meeting Requirement 3.1 of the Prudential Handbook	
22	Explanation if the combined total entered for Commission Income (category 17) and Fee Income (category 18) is zero	<b>Validation:</b> If $17 + 18 = 0$ provide written explanation

*This form only applies to partnerships and private limited companies*

Ownership Information			
1	Name and holdings of all shareholders/partners		
	Company Name		Number of Shares
	N.B. - Firm must not enter itself as the 'Company Name' shareholder		%Shareholding
			Automatic calculation
	Individual		
	Forename	Surname	Number Of Shares
			%Shareholding
			Automatic calculation
	Total no of shares		<b>Validation</b> = Must equal sum of no. of shares entered for each Company and Individual Shareholder

**Conduct of Business**

<b>1</b>	<b>Principal Regulated Business Activities (Select Yes for all that apply)</b>	
	Life Assurance	Yes/No
	Pensions	Yes/No
	Savings and Investments	Yes/No
	Personal General Insurance	Yes/No
	Commercial General Insurance	Yes/No
	Private Medical Insurance and Associated Insurances	Yes/No
	Housing Loans, Home Reversion Agreements and Associated Insurances	Yes/No
	Consumer Credit Agreements and Associated Insurances	Yes/No
	Loss Assessing	Yes/No
	Directly involved in reinsurance distribution (as defined in Regulation 2(1) of the IDR)	Yes/No
	Acting as a Managing General Agent (MGA)	Yes/No
	What percentage of the Firm's Gross income/Turnover can be attributed to MGA activities?	Percentage

<b>2</b>	<b>Other business activities of the firm, which are not regulated by the Central Bank? (Select Yes for all that apply)</b>	
	Accounting /Auditing / Taxation Services	Yes/No
	Auctioneer/Estate Agent	Yes/No
	Farming / Agriculture	Yes/No
	Legal Services	Yes/No
	Building/ Construction/ Surveying	Yes/No
	Garage / Motor Services	Yes/No
<b>3</b>	Does the firm sell, or give advice in relation to any unregulated financial products/ instruments?	Yes/No
<b>4</b>	Total number of employees (including directors/principals)	
<b>5</b>	Total number of employees (including directors/principals) who are engaged in regulated activities	
<b>6</b>	Number of employees who are accredited individuals as described in the Minimum Competency Code	
<b>7</b>	No of clients	
<b>8</b>	No of clients who are classified as personal consumers	
<b>9</b>	No of Complaints outstanding at the beginning of your financial year	
<b>10</b>	No of Complaints received during your financial year	
<b>11</b>	No of complaints that were referred to the Financial Service Ombudsman	

12	How many Product Providers do you currently hold written agreements with?	<b>Validation:</b> The number entered for Question 12, must be equal or greater than the number of product producer entries under Question 13
13	<b>List your Top 5 Product Providers in terms of commission received and give the percentage in terms of Total Commission earned</b>	
	<b>Product Provider</b>	<b>Commission %</b>
	<b>1st Validation:</b> If less than 5 Product Producers are listed, then the Commission % total must equal 100%.	0
	<b>2nd Validation:</b> If 5 Product Producers are listed and the number for Question 12 is greater than 5, then the Commission % total does not have to equal 100%	0
	<b>3rd Validation:</b> If 5 Product Producers are listed and the number for Question 12 is 5, then the Commission Value total must equal 100%	0
		0
		0
14(a)(i)	In respect of the Firms <b>INSURANCE DISTRIBUTION ACTIVITIES</b> , does your firm currently hold professional indemnity insurance (PII) in its own name?	<b>Validation:</b> If 'Yes' is answered for Question 14(a) (i), the firm must enter 'No' for Question 14(a) (ii) and (iii).
ii	Is your firm covered under a PII policy held by another entity?	<b>Validation:</b> If 'Yes' is answered for Question 14(a)(ii), the firm must enter 'No' for Question 14(a)(i) and (iii)
iii	If you have answered No to the above, rather than being covered under a PII policy is your firm covered by a comparable guarantee?	<b>Validation:</b> If 'Yes' is answered for Question 14(iii), the firm must enter 'No' for Question 14(a)(i) and (ii)



iv	Insurer :	<p><b>1st Validation:</b> If 'Yes' is answered to Question 14(a) (i) or (ii), firm must complete parts (iv) to (viii)</p> <p><b>2nd Validation:</b> If 'Yes' is answered to Question 14(a)(iii), firm is not required to complete parts (iv) to (viii)</p> <p><b>3rd Validation:</b> If 'No' is answered for Questions 14(a)(i), (ii) and (iii), the firm will not be able to enter details for (iv) - (viii)</p>
v	Other Insurer:	
vi	Policy Number:	
vii	Expiry Date of Policy:	
viii	Specify the level of professional indemnity insurance cover held:	
	each claim:	<p><b>3 Dropdown options available:</b></p> <ol style="list-style-type: none"> <li>1. between €1 - €1,300,379</li> <li>2. between €1,300,380 - €3,000,000</li> <li>3. over €3,000,000</li> </ol>
	in aggregate	<p><b>4 Dropdown options available:</b></p> <ol style="list-style-type: none"> <li>1. between €1 - €1,924,559</li> <li>2. between €1,924,560 - €3,000,000</li> <li>3. above €3,000,000</li> <li>4. unlimited in the annual aggregate i.e. no aggregate limit to level of claims</li> </ol>
14(b)(i)	In respect of the Firm's <b>INVESTMENT BUSINESS ACTIVITIES</b> , does your firm currently have professional indemnity insurance in place covering these activities?	<u>Yes/No</u>
ii	Insurer:	<p><b>1st Validation:</b> If 'Yes' is answered to Question 14(b)(i), firm must complete parts (ii) to (vi)</p> <p><b>2nd Validation:</b> If 'No' is answered for Question 14(b)(i), the firm will not be able to enter details for (ii) - (vi)</p>
iii	Other Insurer:	
iv	Policy Number :	

v	Expiry Date of Policy :	
vi	Specify the level of professional indemnity insurance cover held:	
	each claim:	<b>3 Dropdown options available:</b> 1. between €1 - €1,300,379 2. between €1,300,380 - €3,000,000 3. over €3,000,000
	in aggregate	<b>4 Dropdown options available:</b> 1. between €1 - €1,924,559 2. between €1,924,560 - €3,000,000 3. above €3,000,000 4. unlimited in the annual aggregate i.e. no aggregate limit to level of claims

14(c)(i)	In respect of the Firms activities as a <b>Mortgage Credit Intermediary</b> , does your firm currently hold professional indemnity insurance (PII) in its own name?	<b>Validation:</b> If 'Yes' is answered for Question 14(c)(i), the firm must enter 'No' for Question 14(c)(ii) and (iii).
ii	Is your firm covered under a PII policy held by another entity?	<b>Validation:</b> If 'Yes' is answered for Question 14(c)(ii), the firm must enter 'No' for Question 14(c)(i) and (iii)
iii	If you have answered No to the above, rather than being covered under a PII policy is your firm covered by a comparable guarantee?	<b>Validation:</b> If 'Yes' is answered for Question 14(c)(iii), the firm must enter 'No' for Question 14(c)(i) and (ii)
iv	Insurer :	<b>1st Validation:</b> If 'Yes' is answered to Question 14(c) (i) or (ii), firm must complete parts (iv) to (viii)  <b>2nd Validation:</b> If 'Yes' is answered to Question 14(c)(iii), firm is not required to complete parts (iv) to (viii)  <b>3rd Validation:</b> If 'No' is answered for Questions 14(c)(i), (ii) and (iii), the firm will not be able to enter details for (iv) - (viii)
v	Other Insurer:	

<b>vi</b>	Policy Number :	
<b>vii</b>	Expiry Date of Policy :	
<b>viii</b>	Specify the level of professional indemnity insurance cover held:	
	<b>each claim:</b>	<b>3 Dropdown options available:</b> 1. between €1 - €459,999 2. between €460,000 - €3,000,000 3. over €3,000,000
	<b>in aggregate</b>	<b>4 Dropdown options available:</b> 1. between €1 - €749,999 2. between €750,000 - €3,000,000 3. above €3,000,000 4. unlimited in the annual aggregate i.e. no aggregate limit to level of claims
<b>14.1</b>	<b>In respect of all regulated activities provided by the Firm</b>	
<b>i</b>	Total number of claims made on the PII in the last financial year in respect of the provision of regulated financial services provided by the firm	
<b>ii</b>	Total monetary value of claims in the last financial year in respect of the provision of regulated financial services provided by the firm	
<b>15</b>	<b>Does the firm maintain a Client Premium Account?</b>	<u>Yes/No</u>