 RAC Intermediary Partner

 Du Due-Diligence Checklist

The Due-Diligence Checklist has been developed to provide RAC with assurance that there is an appropriate level of competence and compliance in place to protect RAC and its customers/ members.

Partners should immediately notify RAC, (via their Account Manager) of any event which may impinge upon its ability to conduct business on behalf of RAC or of any censure by the regulator(s) or any adverse publicity.

**Guide for Completion**

* This Checklist is to be completed by the proposed RAC Intermediary Partner and reviewed by the Account Manager prior to business being conducted.
* The Account Manager will also request that the Checklist is completed annually.
* In each case the reference to "You" and “Your” means the proposed RAC Intermediary Partner for whom an authorised representative is completing the checklist; and
* If the answer to any of the questions is ‘No’ please provide full details of the work being undertaken to bring the business into a ‘Yes’ condition including anticipated timescales.

**Version History**

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Author | Remarks |
| 1.0 | 18/10/2019 | E. Anstey  | Fully reviewed, new version with streamlined question set. |

 RAC Intermediary Partner

 Due-Diligence Checklist

RAC Intermediary Partner

 D

|  |  |
| --- | --- |
| **RAC Partner Name**  |  |
| **Registered or Business address:** |  |
| **Business Overview****Which broker software platform do you operate?****Approximate annual Personal Lines motor GWP?****Approximate annual Commercial Lines motor GWP?****Any specialist business bias?** | **Name:****PL £****CL £****Comment:** |
| **Financial Conduct Authority registration number:****FCA Consumer Credit permission (tick box if permission is in place)*****(Where the partner offers products to customers via premium finance).***  |

|  |
| --- |
|  |

 |
| **ICO / Data Protection Registration number:** |  |
| **Contact Details of the authorised person completing this document:**  | **Name:****Tel:****Email:** |

|  | **No** | **N/A** | **Yes** | **Comment: Please provide further detail if required** |
| --- | --- | --- | --- | --- |
| 1. **AML, UK SANCTIONS AND ANTI-BRIBERY & CORRUPTION**
 |
| * 1. Can you confirm that you comply with HMT sanctions screening requirements?
 |  |  |  |  |
| 1. **INSURANCE**
 |
| * 1. Do you have in place all insurance for your business that are required by law and the regulator(s)?
 |  |  |  |  |
| 1. **BUSINESS CONTINUITY**
 |
| * 1. Has there been any material change in ownership or control of your business during the last year?
 |  |  |  |  |
| * 1. Do you have a formal disaster recovery/business continuity plan?
 |  |  |  |  |
| 1. **INFORMATION & DATA SECURITY**
 |
| * 1. Can you confirm that you have the relevant systems and controls in place to comply with your regulatory requirements on information security, including secure computing and appropriate physical security measures?
 |  |  |  |  |
| * 1. Can you confirm that you have in place the appropriate technical and organisational measures in place to ensure that you comply with the requirements of the General Data Protection Regulation and Data Protection Act 2018?
 |  |  |  |  |
| 1. **SALES PROCESSES, AUDIT & MONITORING**
 |
| * 1. Can you confirm that you have the relevant systems and controls in place to comply with your regulatory requirements in relation to:
* Financial Promotions
* Quality Assurance
* Training & Competency
* Conduct Risk Management
* Regulatory Breach Management / Reporting
* Payment Card Industry Data Security Standard (PCI DSS)
* Complaints Management, including any complaints escalated to the Financial Ombudsman Service
* Insurance Distribution Directive (IDD) and customers’ best interests
* The Senior Managers & Certification Regime (including staff adherence to the conduct rules)
 |  |  |  | *Please provide additional detail for any element where systems and controls are not presently in place and/or are in the process of development.*  |
| * 1. Do you have a compliance monitoring plan in place?
 |  |  |  |  |

I certify that the information given above is true

**Signature: ..............................................................**

**Name of Signatory: ..............................................................**

**Position within the Company: ..............................................................**

**Date: ..............................................................**