



Application number or IRN  
(for FCA/PRA use only)

# Large non-directive insurers<sup>1</sup>: Scope of Responsibilities

For *candidates* for approval, this form **must** be submitted as an attachment to a Form A application or a Form E application

*FCA Handbook* Reference: SUP 10A Annex 4D

*PRA Rulebook* Reference: Large Non-Solvency II Firms – Senior Insurance Managers Regime – Applications and Notifications

**Please note:** this form does NOT need to be completed for *candidates* for *controlled function* CF30 only.

Name of individual<sup>†</sup>  
(to be completed by *firm*)

Name of *firm*<sup>†</sup>  
(as entered in 2.01)

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Canary Wharf  
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Registered as a Limited Company in England and Wales  
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London, EC2R 7HH

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<sup>1</sup> Please see the definition of *large non-directive insurer* in PRA Rulebook: Glossary

**Personal identifications details****Section 1**

1.01 Individual Reference Number (IRN) †

1.02 Title  
(e.g. Mr, Mrs, Ms, etc) †

1.03 Surname †

1.04 ALL forenames †

1.05 Date of birth  
(dd/mm/yyyy) †

1.06 National Insurance number †

**Firm identification details****Section 2**2.01 Name of *firm*2.02 *Firm* Reference Number (FRN)2.03 a Who should the *FCA/PRA* contact at the *firm* in relation to this scope of responsibilities?

b Position

c Telephone

d Fax

e E-mail

I have supplied further information related to this page in Section 4 † YES  NO

A Scope of Responsibilities should be drafted to clearly show the responsibilities that the *candidate* is to perform as part of their *controlled function* and other relevant responsibilities and how they fit in with the *firm's* overall governance and management arrangements.

A Scope of Responsibilities should be drafted in such a way as to be practical and useable by regulators. The *FCA* and the *PRA* consider that this would be achieved by succinct, clear descriptions of each responsibility which avoid unnecessary detail. Firms have the opportunity to provide details of each responsibility allocated to an individual using the free text boxes in this form, however, the *PRA* and *FCA* would not usually expect the description of each responsibility to exceed 300 words.

A Scope of Responsibilities must be a self-contained document. There should be one document per Senior Insurance Management Function (SIMF) holder or Significant Influence Function (SIF) holder per firm. Where an individual performs a SIMF or SIF on behalf of more than one firm within a *group*, one Scope of Responsibilities is required for each firm. Any supplementary information may be provided in section 4 (or if submitting electronically, in a **single** attachment). A Scope of Responsibilities must not cross refer to or include other documents, attachments or links.

If the appropriate regulator considers that the Scope of Responsibilities is not sufficiently clear to be practical and usable, it could be challenged as part of a *candidate's* application for approval, or in ongoing supervision.

Details of the individual's responsibilities should be set out in sections 3.2 and 3.3, as appropriate:

- Section 3.2 covers those responsibilities required by regulators to be allocated to one or more controlled functions.
- Section 3.3 covers anything else, not otherwise included, for which a *candidate* is to be responsible.

**3.1 Effective date and relevant Controlled Functions**

3.1.1 Please state the effective date of this Scope of Responsibilities (dd/mm/yyyy):

3.1.2 List all SIMFs and SIFs which the *approved person* is to perform and the effective date the *person* commenced or will commence the performance of the functions. Please include those *FCA* functions that are included in a *PRA controlled function* under *PRA Rulebook: Large Non-Solvency II Firms: Senior Insurance Management Functions*.

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 1	Chief Executive officer*	<input type="checkbox"/>	
SIMF 2	Chief Finance function*	<input type="checkbox"/>	
SIMF 4	Chief Risk officer*	<input type="checkbox"/>	
SIMF 5	Head of Internal Audit*	<input type="checkbox"/>	
SIMF 7	Group Entity Senior Insurance Manager	<input type="checkbox"/>	
SIMF 9	Chairman*	<input type="checkbox"/>	
SIMF 10	Chair of the Risk Committee*	<input type="checkbox"/>	
SIMF 11	Chair of the Audit Committee*	<input type="checkbox"/>	
SIMF 12	Chair of the Remuneration Committee*	<input type="checkbox"/>	
SIMF 14	Senior Independent Director*	<input type="checkbox"/>	

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 Large non-directive insurers– Scope of responsibilities

Function	Description of a <i>controlled function</i>	Tick (if applicable)	Effective Date
SIMF 19	Head of Third Country Branch function	<input type="checkbox"/>	
SIMF 20	Chief Actuary*	<input type="checkbox"/>	
SIMF21	With-profits Actuary*	<input type="checkbox"/>	
SIMF22	Chief Underwriting Officer function	<input type="checkbox"/>	
CF 1	Director	<input type="checkbox"/>	
CF 2a	Chair of the Nomination Committee*	<input type="checkbox"/>	
CF 2b	Chair of the With-Profits Committee	<input type="checkbox"/>	
CF 5	Director of unincorporated association function	<input type="checkbox"/>	
CF 6	Small friendly society function	<input type="checkbox"/>	
CF 10	Compliance Oversight function*	<input type="checkbox"/>	
CF 10a	CASS Operational Oversight function	<input type="checkbox"/>	
CF 11	Money Laundering Reporting function*	<input type="checkbox"/>	
CF 29	Significant Management function	<input type="checkbox"/>	

Please note that for those roles asterisked above, this scope of responsibilities is considered to automatically include the existing legal and regulatory obligations for these roles. For example, certain specific responsibilities of a director are set out in company law. Such responsibilities do not need to be recorded in this statement, but any additional responsibilities should be recorded in the sections below.

### 3.2 PRA Prescribed Responsibilities

This section deals with those responsibilities required by PRA rules to be allocated to one or more controlled functions.

If the responsibilities that the *candidate* or a person performing SIMFs or SIFs is to carry out as described in the scope of responsibilities go beyond those set out in this section, those additional responsibilities should not reduce or alter the scope of the prescribed requirements set out in this section.

3.2.1 Please indicate below which of the responsibilities listed are/will be allocated to this individual. Where responsibilities are shared (for example, a responsibility may be shared as part of a job share or where departing and incoming controlled functions work together temporarily as part of a handover), please provide details.

If the individual has not been allocated a prescribed responsibility, please go to section 3.3.

Ref	Prescribed Responsibilities	Tick if applicable
1	Ensuring that the firm has complied with the obligation to ensure that every person who performs a key function is fit and proper	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
2	Leading the development of the <i>firm's</i> culture by the governing body as a whole	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
3	Overseeing the adoption of the <i>firm's</i> culture in its day-to-day management	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
4	Production and integrity of the <i>firm's</i> financial information and regulatory reporting	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
5	Management of the allocation and maintenance of the <i>firm's</i> capital and liquidity	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
6	Development and maintenance of the <i>firm's</i> business model by the governing body	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
7	Performance of the <i>firm's</i> Own Risk and Solvency Assessment (ORSA)	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
8	Policies and procedures for the induction, training and professional development for all members of the <i>firm's</i> governing body	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
9	Policies and procedures for the induction, training and professional development for all the <i>firm's</i> key function holders (other than members of the <i>firm's</i> governing body)	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
10	Oversight of the independence, autonomy and effectiveness of the	

Ref	Prescribed Responsibilities	Tick if applicable
	whistleblowing policies and procedures, including those for the protection of staff raising concerns	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>
11	Oversight of the <i>firm's</i> remuneration policies and practices	
	Is this responsibility shared with another SIMF or SIF? If 'yes' please provide further details in section 4.	<input type="checkbox"/>



I have supplied further information related to this page in Section 4<sup>†</sup>

YES

NO

3.2.2 If necessary, please provide additional information about each prescribed responsibility, including:

- a breakdown of the different components and tasks which the responsibility encompasses; and
- if applicable, details of any sharing arrangements including, if known, the name(s), IRN(s) and/or job title(s) of the individual(s) you are sharing this prescribed responsibility with. The responsibility should be recorded in the same way in the scope of responsibilities documents for each individual.

**Additional information must be relevant, succinct and not dilute or undermine the prescribed responsibility.**

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Ref	Prescribed Responsibility	Further Relevant Details

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### 3.3 Other Responsibilities

3.3.1 Please set out below anything else, not otherwise included in this statement, for which a *candidate* or SIMF or SIF is to be responsible as part of their *FCA* and/or *PRA* controlled function(s) or key function(s) role.

Responsibility		Yes/ No
	Is this responsibility shared with another SIMF or SIF If 'yes' please provide further details in section 4:	
	Is this responsibility divided with another SIMF or SIF i.e. are you responsible for part of this responsibility rather than all of it? If 'yes' please provide further details in section 4:	
Please provide a description of your responsibilities:		

→ I have supplied further information related to this page in Section 4<sup>†</sup> YES  NO

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4.1 Is there any other information the individual or the *firm* considers to be relevant?

YES  NO

If yes, please provide details below or on a separate sheet of paper and clearly identify the section and question to which the additional information relates.

Question	Information

4.2 How many additional sheets are being submitted?

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