Complaints Management

**Version** 0.1

**Date** 30th November 2022

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# Version Control

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| --- | --- | --- | --- | --- |
| Version | Date | Author | Role | Description |
| 0.1 / 1.0 | 30th November 2022 | Akin Lawal | Compliance Officer | Initial draft as part of Compliance Manual rewrite for review by key internal stakeholders. |
| 1.1 | 31st August 2023 | Matthew Davies | Head of Compliance & Risk | Inserting wording requested by syndicates. |
| 1.2 | 3rd July 2024 | Edward Bergson | International Compliance Manager | Added contact details |

# Approvals

|  |  |  |
| --- | --- | --- |
| Approved By | Role | Date |
| Matthew Davies | Head of Compliance & Risk | 31st August 2023 |

# Reviews

This Policy shall be reviewed on at least annually, but more frequently on an ad hoc basis should events within the firm or the wider industry prompt it.

# Application

For the avoidance of doubt, any reference to “the Company”, “we”, “us” or “our” within this document shall refer to UNIS AG (UNIS).

Similarly, any reference to “employee” within this document shall include all employees of the Company (whether permanent or fixed-term), contractors, consultants, temporary workers (whether via an agency or self-employed), work experience students, interns, apprentices, or any other individual who is operating on behalf of the Company in a business capacity. In certain contexts, it may also apply to potential employees.

# Introduction

The Company uses its best endeavours to provide the highest level of service to its clients and policyholders at all times. However, we acknowledge the importance of having documented policies and procedures in place to manage complaints that may arise when, for any reason, we do not meet the expectations of the parties we are dealing with. this document is designed to explain how we address such situations.

We see the successful implementation of this Policy as bringing about a number of other outcomes:

* Employees can identify customer complaints and deal with them fairly considering the interests of policyholders;
* Employees are aware of the company’s processes and requirements in relation to managing complaints;
* All complaints made, irrespective of whether we are responsible for the alleged issue, will be recorded;
* Complaints will be dealt with in a consistent and objective manner;
* Complaints data can provide valuable insights into our services from the customer’s perspective and will be analysed and used to identify opportunities to improve our products and services.

In accordance with this approach:

* All complaints will be acknowledged in a timely manner and in writing;
* Complaint responses and communications, other than complaints referred to other responsible parties, will incorporate clear and comprehensive information in relation to the investigation into the matters raised and clear indications of the expected timeframes for further response or resolution;
* Complainants will be advised of our complaints procedure;
* Final responses will be provided as speedily as possible and, in any case, will be provided no later than 8 weeks from the date of the receipt of the complaint;
* Any final responses will clearly state that it is a ‘final response’.

# Definition & Scope

## Definition of a Complaint

We define complaints as “any expression of dissatisfaction, whether oral or written, and whether justified or not, from or on behalf of an eligible complainant about the firm’s provision of, or failure to provide, a financial service. This includes allegations of financial loss (or future financial loss), material distress or material inconvenience.” In practice, this can be shortened to “any expression of dissatisfaction”. This is a fairly broad definition and captures a wide range of scenarios, ensuruing our awareness of actual and potential issues around the business.

If there is any doubt around whether or not a communication constitutes a complaint, it must be referred to Compliance to make a definitive assessment.

## Types of Complainants

Due to the nature of our business, we expect to receive complaints from:

* Policyholders and Cedants
* Producing brokers
* Insurers
* Third party claimants

***Scope***

This policy relates to all employees within the Company and has been created to ensure that staff deal with the area that this policy relates to in accordance with legal, regulatory, contractual and business expectations and requirements.

# Process

When a complaint is identified by a Company employee, the first step taken is to notify Compliance, who record the complaint on the Central Complaints Register. In relation to each complaint, all details on the register must be completed in full according to the type of complaint.

Depending on the nature of the complaint, Compliance may issue instructions on how it should be managed at this stage and reserves the right to reallocate the complaint or even take over as the handler; this is likely to happen with high-risk scenarios, such as those where there is potential litigation, media attention, or a regulatory breach.

In any case, the designated complaints handler must be competent for the role, of an appropriate level of seniority, and free of any conflicts of interest to allow for an objective review. This means that an employee must not handle a complaint that relates directly to themselves or the service they have provided.

It is the Company’s ethos to resolve complaints completely and fairly, with strict impartiality. Therefore, the handler will conduct a thorough investigation into what has occurred to establish the facts of the situation. This investigation should include a review of all relevant correspondence and documentation and engagement with any members of staff who have been involved with the matter being complained about. Particular attention should be paid to adherence to process, how the complainant has been treated, and the wider context of the complaint.

The handler should also make an effort to be aware of any signs of vulnerability – that is, any circumstances that suggest that the complainant is especially susceptible to detriment, particularly when a firm fails to act with appropriate levels of care. This is more likely to arise with retail clients and examples include physical/mental health problems, difficult financial circumstances, limited ability to communicate and old age (>80 years of age). If there is an element of vulnerability, this should be flagged immediately to Compliance, who will provide assistance on how to proceed.

The Company’s aim is to resolve complaints with efficiency and speed, and it adheres to the following:

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| All complaints acknowledged within five working days in writing which may include email including complaints resolved by the end of the working day following receipt. | | |
| Complainants will be advised of our complaints procedure, when the complaint is acknowledged if it has not already been provided, and where relevant, their right to refer a complaint to the Financial Ombudsman Service if they are dissatisfied with our final response. | | |
| Complaint responses and communications other than complaints referred to other responsible parties, will incorporate clear and comprehensive information in relation to the investigation into the matters raised and clear indications of the expected timeframes for further response or resolution. | | |
| Final responses will be provided as speedily as possible and in any case will normally be provided no later than 4 weeks from the date raised and will clearly state that it is a ‘final response’. | | |
| ***For complaints relating to Lloyd’s binding authorities*** | Initial notification must be made to the Underwriters/Lloyd’s within 7 calendar days of receipt using the Notification Template in Appendix IV  Complaints resolved formally must be notified to Lloyd’s within 7 calendar days of receipt  Complaints resolved informally (i.e. by the close of the third business day) must be notified to Lloyd’s within 7 calendar days of the Summary Resolution Communication (SRC) being issued | |
| *Where a complaint is formally resolved within 14 calendar days* | A Stage 1 Response must be issued to the complainant within 14 days of receipt, in line with the format in Appendix V.  A copy of the Stage 1 Response and original complaint must also be issued to the Lloyd’s within 14 calendar days of receipt, including details of any redress paid (if any) |
| *Where a complaint is not resolved within 14 calendar days* | An Investigation Ongoing letter must be issued, in line with the format in Appendix VI: giving a further 14 calendar days to issue a Stage 1 Response  A copy of the Investigation Ongoing letter and original complaint must also be issued to the Lloyd’s within 14 calendar days of receipt |
| *Where a complaint is not resolved within 28 calendar days* | If a Stage 1 Response is not issued within 28 calendar days of receipt, or the complainant requests a stage 2 review by Lloyd’s, the case will be escalated to Lloyd’s (Lloyd’s requires the casefile within three business days of their request) |

At the conclusion of the investigation, the handler will decide whether:

* The complaint was justified or not.
* The complaint should be upheld or rejected.
* Any redress is due.

Redress is intended not only to put a situation right, but also to compensate a complainant for the stress and inconvenience that they have suffered. The handler may propose a certain amount of monetary redress at their discretion, but before communicating this to the complainant or making any arrangements for payment, they must obtain sign-off from Compliance.

Once the handler has determined the final stance to be taken, this should be documented in a Final Response Letter.

We acknowledge that there are different definitions/timescales/processes for each territory that we operate within and we will act in accordance with local procedures where necessary. Further guidance is provided by Lloyd’s.[[1]](#footnote-1)

Financial Ombudsman Service:

If the complainant has not been provided by a final response within eight weeks or is otherwise unhappy with our response and proposed course of action they may refer the complaint to the Ombudsman of Private Insurance, In Gassen 14, Postfach 181, 8024 Zurich.

# Complaints Handling Principles

The following principles are based on good industry practice for complaint handling and are consistent with ISO 10002 standards; internationally recognised guidelines for an effective and efficient complaints handling process:

**Visibility**

Information about how to complain is available on our websites. Employees are informed about the complaints process and able to advise our customers on how to make a complaint. As an organisation we are committed to excellent service and we try to make sure that our complaints process is open and transparent.

**Accessibility**

We aim to ensure that all our customers are able to make a complaint easily. We are committed to making reasonable adjustments for complainants with accessibility needs or a disability, for example, taking complaints over the phone.

**Responsiveness**

We aim to: acknowledge receipt of complaints as soon as possible, where a complaint raises a serious risk or relates to a time-sensitive issue, we will try to prioritise it.

**Objectivity**

We treat every complaint on its merits, regardless of who has made the complaint. We act honestly and treat all complainants fairly and with respect.

**Confidentiality**

Personally identifiable information concerning the complainant should be available where needed but only for the purposes of addressing the complaint. Where reports on complaints are compiled, this is for the purpose of understanding and improving the performance of our complaints process and of our services.

**Customer-focused approach**

The Company adopts a customer-focussed approach, is open to feedback including complaints and shows commitment to resolving complaints by its actions.

**Continual improvement**

The continual improvement of the complaints handling process is a permanent objective of the Company. We encourage all staff to use complaints as a learning opportunity and all complaints handlers have an ongoing objective to contribute to continuous improvement of the complaints handling process, by making suggestions for improvements and monitoring performance.

# Complaint Recording

All complaints, whether formal or informal, are recorded on the Central Complaints Register. The Register consists of the below information and will be reviewed periodically to prevent similar incidents reoccurring and ensure improvements are being made.

* Name of Complainant (Complainant’s Representative)
* Date Complaint Received
* Nature of Complaint
* Department(s) Involved
* Complaint Reference
* Complaint Handler/s
* FRL Sent (Y/N)
* Date Complaint Closed

The log is made available to any relevant authority or ombudsman.

**How to Complain**

If you would like to make a complaint about any services provided by us, in the first instance, and to allow us to remedy any issues encountered, please telephone us on + T +41 (0)44 206 4000 or email: [Graham.Miller@ardonaghspecialty.com](mailto:Graham.Miller@ardonaghspecialty.com) or write to Complaints c/o Graham Miller UNIS AG United Insurance Services Gartenstrasse 38 8002 Zürich Schweiz.

# Roles & Responsibilities

The Board is responsible for the overall implementation of this policy and its effectiveness in managing conflicts of interest.

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| **Role** | **Responsibility** |
| Managing Director | Operational performance of the Policy. |

1. <https://www.lloyds.com/market-resources/complaints> [↑](#footnote-ref-1)