

County Insurance Services Limited

Complaints Policy and Procedures (2025)

DISPUTES RESOLUTION – COMPLAINTS

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In conjunction with County Insurance Services Limited's compliance consultants, the firm has designated a Compliance Director and Compliance Officer to control the day to day management of its conduct risks and to regularly review regulatory and legislative guidance and policy statements for rule changes and requirements. Such individuals will ensure that County Insurance Services Limited's systems and controls in regard to the management of conduct risk, including the respective policies and procedures, and incorporate such amendments and, where appropriate that these are notified to all relevant persons as might be required.

The above individuals are responsible for ensuring that up-to-date copies of County Insurance Services Limited's Conduct Risk policy and related procedures are readily accessible from the firm's Compliance Records and to be available to discuss rules and procedure related matters, including providing guidance to any relevant employee who may require access to such information.

For the avoidance of doubt the application of this policy applies to County Insurance Services Limited's appointed representatives as is required and defined by the Financial Services Markets Act 2000 (FSMA) and Financial Conduct Authority (FCA) for the purpose of a person carrying out regulated activities. In this context, County Insurance Services Limited is the authorised firm referred to as the 'principal' and takes full responsibility for ensuring that any AR complies with this policy and FCA rules as appropriate.

POLICY CONTROLS

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1. Introduction

The purpose of this policy is to set out the high-level requirements for County Insurance Services Limited to meet its obligations for complaints handling as required by the firm and the Financial Conduct Authority (FCA) rules, principles, policies, procedures, guidance, standards and other applicable regulations to County Insurance Services Limited's employees.

In short, County Insurance Services Limited shall:

- handle complaints promptly and fairly, and in accordance with this policy
- reasonably publicise and explain to customers how to make a complaint
- investigate the complaint
- provide appropriate information about the progress of a complaint
- not unreasonably reject a complaint
- reach a resolution promptly
- maintain adequate records
- report and analyse trends

Individuals dealing with complaints shall ensure they comply with the general law on the duties of an insurance intermediary, and remain competent to handle complaints and act in strict accordance with this policy.

Importantly, such individuals shall:

- provide customers with information and guidance on the complaint handling process
- record details of all complaints using the appropriate format
- send the completed notification form promptly to the Compliance Officer (compliance@county-insurance.co.uk)
- act in accordance with this policy at all times

The establishment of this policy enables County Insurance Services Limited to fulfil its regulatory and legislative obligations.

County Insurance Services Limited are also a Lloyd's Coverholder and as such, are required to comply with the Lloyd's Code for Complaints Handling.

2. General Principles

County Insurance Services Limited is committed to ensuring that complaints are handled fairly and dealt with in accordance with this handling procedure, and aims to handle complaints with professionalism and courtesy, whether or not justified, and seeks to reach a successful conclusion promptly.

Everyone involved with complaints must be competent to do so and have access to a senior individual with whom matters of redress and final responses can be discussed and agreed.

County Insurance Services Limited analyse the outcome of complaints to ensure risks are appropriately identified and managed and, if necessary, collaborate with various working groups to improve complaint handling processes.

Where a complaint is rejected or only compensated in part, County Insurance Services Limited will endeavour to provide complainants with a clear and jargon-free explanation as to why their complaint has been rejected or upheld in part only.

Where complaints are referred to third parties because the complaint is about the action or service of that third party, County Insurance Services Limited will endeavour to provide feedback to the third parties about the complaints, so that consideration can be given to improvement of the action or service of the third parties. This will ensure that it treats customers fairly on an ongoing basis.

3. What Does This Policy Cover?

This policy relates to compliance with all County Insurance Services Limited company and FCA rules, principles, policies, procedures, guidance, standards and other applicable regulations to employees and, where necessary, Appointed Representatives.

Identifying Complaints and handling them properly is a regulated activity and County Insurance Services Limited ensures that anyone involved with Complaints is appropriately skilled and deemed competent having undertaken the Complaints learning module and other prescribed training available from County Insurance Services Limited's training portal.

All individuals must ensure that Complaints are handled in accordance with this policy; which enables County Insurance Services Limited to regularly and consistently measure adherence to standards and other applicable regulations.

The requirements of the Lloyd's Code of Complaints apply to complaints under UK policies made by eligible complainants, as that term is defined in the FCA Handbook.

Lloyd's seeks to ensure that policyholders are treated fairly and can have confidence that where they arise, complaints are dealt with promptly and in a reasonable way. This Code sets out Lloyd's requirements for the handling of complaints at Lloyd's on policies underwritten by Lloyd's syndicates. It supplements all other relevant requirements. The Code is intended to reflect and apply to the Lloyd's market the Financial Conduct Authority (FCA) rules and guidance for the handling of personal lines claims and complaints. In complying with the requirements set out in the Code managing agents should continue to have due regard to all other rules and guidance of the UK regulators.

The Lloyd's Code for Complaints Handling can be found at: <https://www.lloyds.com/resources-and-services/make-a-complaint/complaints-handling/uk-complaints-handling>

4. Who Does This Policy Apply To?

This policy applies to all County Insurance Services Limited employees, external consultants, contractors and temporary personnel while working for County Insurance Services Limited involved with or handling a Complaint.

All individuals should be aware of their obligations even if they are only involved with the notification of a Complaint. For others, this may also include handling and investigation of, and liaison with a Senior individual with Complaint Handling accountability. Sections 8 - 16 explain the exact procedure.

If in doubt as to what might be expected, you must first seek guidance from your line manager. Further guidance can be sought from the Compliance Officer and/or County Insurance Services Limited's Compliance Consultant.

5. What Is a Complaint?

A complaint is any oral or written expression of dissatisfaction about a product or service, whether justified or not, that alleges that the complainant has suffered (or may suffer) financial loss, material distress or material inconvenience.

6. What Is The Aim of County Insurance Services Limited's Complaints Handling Policy?

The complaints policy is to ensure:

- the procedure is reasonably publicised and explained to customers
- relevant parties are notified promptly and without undue delay

- complainants are treated seriously with professionalism and integrity
- complainants are treated fairly
- complaints are investigated
- complaints are handled consistently and diligently
- complainants are informed of the progress of their complaint
- complaints are resolved promptly
- complaints are not unreasonably rejected
- complaint reports are analysed for trends and issues
- compliance with systems, controls, recordkeeping requirements, general law and duties in accordance with this policy

7. Treating Customers Fairly

The regulator's Treating Customer Fairly regime revolves around six principle outcomes; complaints specifically feature as part of: Outcome 6. "Consumers do not face unreasonable post-sale barriers imposed by firms to change product, switch provider, submit a claim or make a complaint."

Whilst County Insurance Services Limited has determined how its employees will handle complaints, it is up to each team manager and supervisor to lead effective management that includes making sure everyone is aware of their obligations and regulatory requirements, and undertakes appropriate training.

Those handling complaints (Complaint Owners) cannot be the same person against whom a complaint might be made. Complaint owners must either be Senior Members of staff or have unrestricted access to enable them to consult with a Senior Manager as part of their investigation, decision process, assessment of redress or compensation and the final response to the complainant.

The Senior Manager will be accountable to County Insurance Services Limited and must ensure they can provide complete and accurate management information about complaints to assist the firm with its obligations, including FCA Reporting, Quality Monitoring Audits, and root-cause analysis, and take responsibility for outstanding complaints and any corrective action identified.

8. Acknowledging a Complaint

A regulatory requirement is that ALL Complaints must be acknowledged promptly.

If any complaint cannot be resolved within 3 working days, then County Insurance Services Limited must send an acknowledgement that includes its understanding of the complaint, with details of the procedure that is to be followed in investigating the complaint, and provide the name and/or title of the complaint owner, and prominent mention of the complainant's right to refer their concern to the Financial Ombudsman Service (FOS) or, the absence of such right, including giving information about the FOS.

Importantly, all individuals must:

- record details of the complaint using the relevant complaint notification form
- send a notification promptly to the Compliance Officer (compliance@county-insurance.co.uk)
- act in accordance with this policy at all times

In addition, designated Complaint Owners must:

- issue the acknowledgement letter using the requisite template
- strictly follow the processes detailed within sections 9 – 16 of this policy

9. Short Complaints

If a complaint is resolved within 3 days of receipt, whilst this will be deemed a short complaint, details will need to be included in County Insurance Services Limited's reporting of complaints to the FCA. As such a notification must in all instances be sent to the Compliance Officer (compliance@county-insurance.co.uk) clearly stating that the complaint has been resolved and the nature of the resolution. A complaint resolution summary communication will be issued centrally which shall be generated in collaboration with County Insurance Services Limited's compliance consultant.

County Insurance Services Limited will undertake root cause analysis of all complaints, including short complaints, as this is considered to be an essential management information tool. A short record of these complaints will, therefore, be retained and they will form part of the firm's formal register of complaints.

County have a total of 3 working days to resolve Short complaints. This consists of 2 days remedial action from the staff member concerned, and a further day for compliance to send an acknowledgment letter/resolution summary to the client. If a complaint cannot be resolved within 3 days, this will be deemed a long complaint and shall be handled in accordance with this policy.

There should then be an emphasis on resolving the complaint within 2 working days – the person to resolve this should be the **client's executive**. If the executive is not available, it will need to go to the department **line manager**. Please email your line manager if you need support on closing down the complaint within 2 days. For example, email Schemes Manager for Household Schemes and Sales Director for Farm & Business.

Complaints relating to service or a matter typically the responsibility of an insurer, must be referred to that insurer (as per section 10). When this happens, sections 12, 13, 14 and 15 of this policy shall not apply.

10. Referring Complaints To Third Parties

If the complaint is not about a product, service or the action of County Insurance Services Limited and belongs to a third party (such as an insurer), the recipient of the complaint must complete a BG1/Complaint notification form and send this to the Compliance Officer (compliance@county-insurance.co.uk) stating that the complaint is about a third party. The recipient of the complaint must forward details to the third party, using the template provided, advising why the complaint has been forwarded, and provide the complainant's contact details.

The recipient will acknowledge receipt of the matter to the complainant, using the template provided.

This will be in the form of a final response and provide details of the third party. If necessary, County Insurance Services Limited will provide details of FOS referral rights if the complainant is eligible, including a copy of the FOS leaflet.

When a complaint relates to matters not only about a third-party but also matters alleging that County Insurance Services Limited may be jointly or partly responsible, the firm must also comply with the relevant parts of this complaints policy in remedying those aspects of the alleged complaint, relating to the firm's responsibility.

The complaint notification form must be sent to the Compliance Officer (compliance@county-insurance.co.uk) immediately, to allow for the acknowledgment to be issued to the complainant, and referral to the third party within 5 business days.

11. The Complaint Owner

The Complaint Owner:

- must have completed the relevant learning material on County Insurance Services Limited's training and competence portal
- be satisfied they are competent to handle the complaint
- be familiar with the subject of the complaint
- must not have previously been directly involved or connected to the customer, or subject matter of the complaint

If the above points are relevant, the complaint owner must escalate the matter to a Senior Manager for a resolution. In most cases this should not prevent team managers investigating complaints about a matter dealt with within their team.

Complaint Owners must either be Senior Members of staff or have unrestricted access to Senior Managers and be involved in the decision-making process i.e. agreeing the outcome of the investigation, validating the amount of redress compensation, and be involved with the final response letter. The Senior Manager will be accountable to County Insurance Services Limited and must ensure they can produce management information about complaints to assist the firm with its FCA Report, Quality Monitoring Audits, and root-cause analysis, and take responsibility for outstanding complaints and any corrective action identified.

12. The Complaint Investigation

The complaint owner is to start the investigation as soon as possible and the investigation must:

- be clear, thorough, logical in approach, and fully documented
- be conducted in a fair and objective way
- consider all factors fairly and honestly, for and against the complaint, based on all of the information and evidence available
- be treated on its individual merits
- escalated to a Senior Manager for approval if necessary

In the event that investigation finds serious failings and misconduct likely to result in a potential claim for professional negligence, the Complaint Owner must immediately notify the Managing Director for guidance on what to do next.

The findings must not be discussed or disclosed to any other individuals other than those already involved in the undertaking of the investigation.

13. Redress and Compensation

Redress offered to a complainant must be fair and in proportion to their financial loss. It should, in addition, be consistent with County Insurance Services Limited's policy concerning the fair treatment of customers.

Importantly, redress may only involve an apology or change to an operational working procedure and not necessarily financial compensation. If after a complaint investigation, the Complaint Owner feels that an offer of financial compensation is appropriate, they must consult with a Senior Manager unless they hold the authority to provide appropriate redress. Financial redress will usually require authority from a Senior Manager or Director as appropriate.

Any compensation offered must be:

- fair and reasonable in relation to the complaint
- fair and proportionate to any acts or omissions experienced by the complainant

- where possible, consistent in relation to similar offers of compensation
- paid promptly to the complainant

The Complaint Owner must ensure all offers of compensation are paid in full upon acceptance by the complainant.

14. The 8 Week Time Limit

During the period following the issuance of an acknowledgement letter and before the issuance of a final decision, the Complaint Owner must keep the Complainant reasonably informed as to the progress of the complaint.

The view of the regulator is that most complaints will be dealt with inside of the 8-week time limit, and a final decision reached, communicated and agreed with the complainant. Responses issued within 8 weeks must include:

- an offer of appropriate redress if the client has been financially affected. This does not have to be in a 'final response' letter
- information on how to pursue the complaint if the complainant remains dissatisfied
- notice to the effect that the complaint will be treated as closed if a response is not received within 8 weeks
- notice to the effect that should a response take more than 1 week, the additional time in excess of 1 week will not count for the purpose of the time limit

15. Final Response Letter

If a complaint has not been settled by the end of 8 weeks after receipt of the complaint, a Final Response Letter must still be issued and must include:

- the reason why you are not in a position to make a final response
- an indication of when a final response is likely
- a notice to the effect that the complainant may refer the matter to the Financial Ombudsman Service should they be dissatisfied with the delay
- an enclosure and/or signposting to a FOS explanatory leaflet, if not already provided

Once the Complaint Owner, in conjunction with a Senior Manager (if necessary) has reached a final decision, a Final Response Letter must be issued and must include:

- a summarisation of the complaint and their understanding thereof
- details of the investigation
- a decision as to whether the complaint is upheld or rejected, giving clear rationale leading to the decision
- an offer of appropriate redress if the complainant has been financially affected
- an apology or similar if necessary
- details of any action taken to prevent reoccurrence
- information on how to pursue the complaint with FOS if the complainant remains dissatisfied, advising that the complainant has 6 months to do so
- notice to the effect that the complaint will be treated as closed if a response is not received within 8 weeks
- notice to the effect that should a response take more than 1 week, the additional time in excess of 1 week will not count for the purpose of the time limit

16. Closing Report

The Complaint Owner is responsible for drafting a closing report to finalise and document the complaint handling and investigation processes.

The closing report must summarise the end to end complaint handling process, and focus on how things can be improved. Equally, any trends and systemic issues must be highlighted, along with recommendations for improvement.

Where the complaint raises systemic or significant issues that could be replicated, the Complaint Owner should create a 'case study' style report of the particular complaint so that County Insurance Services Limited can learn from it.

This also ensures that County Insurance Services Limited continues to improve its systems and controls to satisfy its Treating Customers Fairly objectives.

17. Record Keeping

A centralised register of complaints must be in place and be maintained by the Compliance Officer in conjunction with County Insurance Services Limited's Compliance Consultant.

County Insurance Services Limited will in addition, keep records pertaining to specific concerns, and details of specific complaints and non-compliances for a minimum of 6 years.

18. Management Information and Monthly Reporting

Complaint Owners must provide Management Information (MI) to ensure the performance of complaints handling, including the process, is analysed for trends and any issues are identified, dealt with and improved upon.

The information logged on the Firm's computer system will be taken as accurate and up-to-date, but may be verified as required on an individual basis. In addition, this will enable County Insurance Services Limited to fulfil its regulatory reporting obligations.

19. Financial Ombudsman Service

The Financial Ombudsman Service is an independent ombudsman service for settling disputes between businesses providing financial services, and their customers.

In short, the FOS background, aims and objectives are:

- to operate impartially, as set up by parliament
- provide a free service to eligible complainants
- depending on the complexity of a case, sort out some complaints in just a few months
- act as an independent adjudicator

Further information about the FOS is available at <http://www.financial-ombudsman.org.uk/>

20. Complaint Categories

All complaints are categorised into one of the following areas for FCA reporting purposes. Complaint Owners should make suitable enquiries or seek appropriate assistance in identifying the correct category, to ensure that County Insurance Services Limited maintains accurate data.

The categories are self-explanatory and include:

- Advising, Selling & Arranging (i.e. matters relating to the sale of the insurance)
- Terms & Disputed Sums/Charges (e.g. policy endorsements or premium or cancellation fees)
- General Admin/Customer Service (e.g. poor standards of communication)
- Arrears Related (e.g. forced cancellation due to arrears)
- Other

21. Where Further Information Can Be Obtained

County Insurance Services Limited provides training to all relevant individuals on Complaint Handling matters.

Staff will be registered to access County Insurance Services Limited's training and competence portal. If a staff member is unable to gain access please contact the Office Manager.

Should you require more advice and/or guidance, contact either the Compliance Officer, or County Insurance Services Limited's Compliance Consultant who will:

- provide advice on the policy
- provide advice on appropriate controls
- advise on specific issues
- liaise with the Complainant
- periodically review and monitor, in association with management, the systems and controls relating to Complaints Handling to ensure they are working in practice
- escalate any matters as necessary

In any event you should speak first with your Supervisor or Line Manager, who will help you contact an individual who will be able to deal with the matter.

Complaint Control Sheet

This form must be completed by all designated Complaint Owner's and a copy sent to compliance@county-insurance.co.uk with a closing report

Complaint Date	
Complaint Owner	
Complainant Name	
Complainant Contact Address	
Client/Complaint Reference	
Details of Complaint:	
Date Acknowledged	
Date of Holding Response	
Date of Final Response(s)	
Date Redress accepted/Paid	
Date Case Closed	
Brief details of investigation:	
Date referred to FOS	
Date case file sent to FOS	
Date of FOS finding	
Details of redress:	
Additional Notes:	