

Procedure for Complaint Handling

1. Purpose and Scope

The purpose of this procedure is to ensure equal treatment of complaints in Lockton Norway AS and to ensure that complaints are dealt with thoroughly, correctly and fairly in line with legal requirements and the company's philosophy.

2. Legal and Regulatory Requirements

The legal and regulatory requirements for complaint handling are set out in:

- The Insurance Distribution Act Section 9-2 «Insurance distribution companies must have routines to ensure that complaints from clients or other affected parties are handled in a proper manner.» lovdata.no/forsikringsformidlingsloven (Norwegian only)
- Circular 4/2019 from The Financial Supervisory Authority of Norway (Finanstilsynet) Guidelines for handling complaints in banking, finance, insurance and securities business finansstilsynet.no/rundskriv/2019/retningslinjer-for-klagebehandling (Norwegian only)
- EIOPA Guidelines on complaints handling by insurance intermediaries [Guidelines on complaints-handling by insurance intermediaries](#)

3. Complaint Handling

3.1 Receipt of Complaint

The company has set up an e-mail address which clients and other affected parties can send complaints to: complaints.no@lockton.com. E-mails are automatically forwarded to the Chief Compliance Officer (CCO) and Chief Operating Officer (COO). This e-mail address also appears in the company's service level agreement (marine: business principles).

If an employee receives a complaint to their personal e-mail address, the CCO and COO must be informed as soon as possible.

3.2 Confirmation of Receipt of Complaint

The CCO shall as soon as possible send the complainant an e-mail confirming receipt of the complaint with a link to Lockton Norway's Complaints Handling Routine.

3.3 Assessment of Complaint

The CCO shall, as soon as possible after receiving a complaint, initiate a meeting with the person/those responsible for the matter to which the complaint relates and the COO. In advance of the meeting, the responsible insurance intermediary must collect all relevant information and evidence (including correspondence) to ensure a comprehensive assessment of the complaint.

In the meeting, the following points must be considered:

- a) The content of the complaint and the client's possible claims, including possible financial and/or other consequences for the client, financial and/or reputational consequences for Lockton Norway.
- b) If there is a need for immediate measures, including notification in accordance with Lockton's Error & Omissions Avoidance Guidelines.
- c) Is Lockton Norway the right recipient of the complaint? If this is not the case, the responsible insurance intermediary must, as soon as possible after the meeting, inform the client of this and as far as possible, guide them as to who the correct recipient is.
- d) Are there potential conflicts of interest?
- e) Whether there is a need for external reporting or reporting to the board.
- f) Have all relevant facts in the matter been clarified, or is there a need to obtain further evidence and information regarding the complaint?
- g) How can the error to which the complaint relates be rectified?
- h) If no error has been identified, is there a need to provide guidance to the client?
- i) Is there a need to inform external parties, e.g. the insurance company?
- j) Will we be able to give the client a final response within 15 working days, or is there a need for a temporary response? See section 3.4 (Deadlines).
- k) If we do not manage the 15-day deadline, how long do we expect the complaint processing to take? See section 3.4 (Deadlines).

If there is a need for further meetings, the CCO will follow up.

The CCO will send the temporary response, if required, and the final response to the complainant. Responses to complaints shall be objective and correct.

Decisions that do not fully support the complainant must be justified in writing, include:

- guidance to the complainant on Lockton's view of the complaint; and
- information about the possibility of bringing the case before the Complaints Board for Insurance and Reinsurance Brokerage Business (*Norwegian: Klagenemnda for forsikrings- og gjenforsikringsmeglingsvirksomhet*).

3.4 Communication

All communication about the complaint must be in writing (e-mail is permitted) and in clear and unambiguous language, with as little use of business jargon as possible. Verbal discussions with the client must be followed up with a written note that is shared with the client by e-mail.

3.5 Filing of Documentation

All documentation, including important correspondence with the client, must be stored in the client folder in the company drive. The documentation is our most important defence in the event of a complaint.

All documentation relating to the complaint must be kept for five years after the complaint has been processed.

3.6 Deadlines

The client must receive a final response to the complaint without unnecessary delay and as a main rule within 15 working days.

Where it is not possible to give a final answer to the complaint within 15 days, we must give the client a temporary response as soon as possible, in which we inform about the reason for the delay and when the matter is expected to be fully dealt with.

4. Registration and Reporting

Upon request, Lockton Norway must be able to provide The Financial Supervisory Authority of Norway (Norwegian: Finanstilsynet) with information on the number of complaints and complaint handling.

The CCO shall ensure that at least the following information about the individual complaint is registered in Lockton's complaint handling register:

- a) Reason for complaint
- b) The complainant's identity
- c) Date of receipt of complaint and date of completion of handling
- d) Type of insurance
- e) Result/decision

5. Analysis of Complaints

The CCO shall continuously analyse the information received in the complaints to assess whether the cause of the complaints relates to systematic or fundamental problems at Lockton Norway.

The assessments shall be included in the quarterly report to the Executive Management Committee and the board. The Executive Management Committee shall, before the report is presented to the board, provide input and assess whether identified root causes may also affect other processes or products, including those not directly complained about, and assess the need for corrective measures where it is reasonable to do so.

6. Complaints Board for Insurance and Reinsurance Brokerage Business

Clients who are not happy with the way their complaint has been handled, can file a complaint with the Complaints Board for Insurance and Reinsurance Brokerage Business (*Norwegian: Klagenemnda for forsikrings- og gjenforsikringsmeglingsvirksomhet*) governed by the Insurance Distribution Act. The Complaints Board, for which the FSA acts as secretariat, handles disputes between clients and brokers. The complaint may be submitted by regular mail or e-mail. There is currently no deadline for complaints.

E-mail: klagenemnda@finansstilsynet.no

Postal address:

Klagenemnda for forsikrings- og gjenforsikringsmeglingsvirksomhet
Sekretariatet v/Finanstilsynet
Postboks 1187 Sentrum
0107 Oslo
Norway

The complaint must include the following:

1. Complainant's name and address
2. Name and address of the defendant company

3. The background for the complaint
4. Copy of the Service Level Agreement
5. The complainant's signature

Submission of a complaint is free if the complaint is successful. If the complaint is unsuccessful, a fee of NOK 2.500 will be imposed. The fee is collected after the processing has been finalized in the Complaints Board. The defendant insurance brokerage or reinsurance brokerage will be charged a fee of NOK. 5,000 for each written complaint the Complaints Board actually decides on.