

The complaint

Mrs K and Mr S complain that Connells Limited didn't help to progress applications they'd made for protection insurance policies and didn't adequately communicate with them. They think that these errors led to the insurer declining to offer Mr S protection cover.

Whilst an appointed representative of Connells sold the policies to Mrs K and Mr S, for ease of reading, I've referred to Connells throughout.

What happened

The background to this complaint is well known to both parties. So I've simply set out a summary of what I think are the main events.

In April 2024, Connells sold Mrs K and Mr S life and critical illness cover and an income protection insurance policy to protect their mortgage. Connells sent the applications to the insurer, A.

A decided it needed medical reports from Mrs K and Mr S' GP before it could offer the insurance policies. It paid Mrs K and Mr S' GP fees for providing the reports in May 2024.

However, despite chases from Connells and from A, the GP didn't complete the medical reports until late August 2024. By that point, unfortunately, Mr S had suffered a serious medical event. And therefore, A decided it couldn't offer Mr S cover.

Mrs K and Mr S feel that Connells should have done more to chase up the GP and that it failed to communicate with them. They consider that if Connells had been more proactive, the GP is likely to have sent A the medical reports much sooner than it did and prior to Mr S becoming seriously ill. They believe that had it done so, A would have accepted Mr S' insurance applications and he would have had income protection and critical illness cover in place. They feel that as a result of Connells' actions, they've been left in a very vulnerable position. So they asked us to look into their complaint.

Our investigator didn't think Connells had treated Mrs K and Mr S unfairly. She felt the available evidence indicated that it had tried to chase up the GP. But she concluded that even if Connells could have done more, it's unlikely this would have led to the GP sending A the reports any sooner than it did. That's because she was satisfied A had also been chasing for the information during that time. She didn't think Connells needed to take any action.

Mrs K and Mr S disagreed and so the complaint's been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, whilst I'm very sorry to disappoint Mrs K and Mr S, I don't think Connells has treated them unfairly and I'll explain why. In making my decision, I've taken into account

the relevant regulator's rules and principles and the available evidence, amongst other relevant considerations.

First, I was sorry to hear about Mr S' serious ill health. It's clear that this has been a worrying and difficult time for Mr S, Mrs K and their family and I understand how important it was to them to have protection insurance in place.

I've carefully considered the timeline of events when thinking about whether I think Connells treated Mrs K and Mr S fairly and reasonably. I've looked closely at the limited available contact notes and I've listened to relevant call recordings. I'm satisfied that Connells sent A Mrs K's and Mr S' insurance applications in good time, as I'd expect it to do. Based on the information included in the applications, A concluded that it needed medical reports for both Mrs K and Mr S. That was a decision for A to make – although I'm satisfied Connells let Mrs K and Mr S know what was happening with their applications.

A sent the GP surgery both requested fees for the reports on 21 May 2024. It seems that there was a significant delay in the surgery locating the payments and therefore, there was no progress in the reports being prepared or sent to A. I don't think I could fairly hold Connells responsible for the delay in the GP surgery finding the payments A had already made.

Connells' notes show that it did schedule reasonably regular chase-ups to the GP surgery. Unfortunately, the records are limited, so it isn't clear exactly whether all those chase-ups were made as scheduled. I have listened to calls Connells made to the GP surgery in July and August 2024 though, which support that it was chasing up the evidence A needed.

Even if I thought Connells could have done more though, I'm not persuaded this would have led to the reports being sent to A any sooner or prior to Mr S developing a serious illness. That's because it seems A was also chasing the GP surgery every week until early June 2024, without success. And I can see that Connells also emailed Mrs K and Mr S in late June 2024 to suggest that they contact the GP directly, as this could prompt a quicker response. Connells followed up this email with a similar email to Mrs K and Mr S in mid-August 2024. It isn't clear if Mrs K and Mr S did chase up the GP, but I don't think I can fairly hold Connells responsible if the surgery didn't respond to Mrs K and Mr S' requests either. It also seems to me that the main reason for the delay was because the fees for the reports couldn't be located by the GP.

On balance, I don't think it would be fair or reasonable for me to conclude that any failing on the part of Connells led to A deciding to decline Mr S' insurance applications. I'm not persuaded that even if it had chased things more regularly, the GP would have responded any sooner or prior to Mr S' illness. And based on the evidence I've seen, while I understand Mrs K and Mr S would have liked Connells to update them more regularly, I think it kept them up sufficiently to date as to what was causing the delay. So I don't think I could reasonably make any award of compensation in these circumstances.

Overall, I sympathise with Mrs K and Mr S' position and I understand how unhappy they are because Mr S is now unable to find the cover he wants elsewhere. But I don't think Connells has done anything wrong which I could reasonably ask it to put right. So I'm not directing it to do anything more.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs K and Mr S to

accept or reject my decision before 20 June 2025.

Lisa Barham
Ombudsman