

Application Reference
Number

In instances where large sums of money are insured, it is necessary for offices to obtain financial information. This data will be treated, as with all underwriting papers, with complete confidentiality.

This completed questionnaire, together with the Proposal Form, will constitute the basis of the contract between the policyholder and the insurer. Therefore, it is important that all relevant sections are answered accurately and to the best of your knowledge, and that where necessary, any other supplementary evidence is obtained.

Details to be completed in all cases - Personal or Business Covers

First Life Insured

Second Life Insured

Given Name/s

Family Name/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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Occupation

1. Please state your income for each of the last two years:

First Life Insured

Second Life Insured

Year

Year

Year

Year

From employment stated above

From investments and dividends

From other sources

2. Please detail insurance cover as follows:

Single or Joint Life

In Force

Proposed

Reason for cover

Life Assurance

Permanent Health Insurance

Other (please specify)

3. Please detail your assets

Description

Value USD/GBP/EUR

Property

Investments

Other (please specify)

Total

4. Please detail your liabilities

	Description	Value USD/GBP/EUR
Mortgage	<input type="text"/>	<input type="text"/>
Loans	<input type="text"/>	<input type="text"/>
Others (please specify)	<input type="text"/>	<input type="text"/>
	Total	<input type="text"/>

To be completed for Family Protection Cover

5. Please give details of dependents (number, age and relationship)

6. Have you ever been declared bankrupt? ☐ Yes ☐ No

If 'Yes', please give details and dates

7. Please explain upon what basis the Sum Insured has been calculated?

Guideline Note:

For applicants who require life cover family protection, the Sum Insured (together with any existing personal cover) should not normally exceed:

Age next birthday	Life cover as a multiple of salary
0 – 30	20 x salary
31 – 40	30 x salary
41 – 50	30 x salary
51 – 60	20 x salary
61 – 65	10 x salary
> 65	5 x salary



To be completed for Mortgage or Loan Protection

8. Please state the following:

Name of Lender			
Reason for the loan			
Amount of the loan		Interest rate	
		Loan duration	

To be completed for Estate Duty Protection

9. What is the total Estate Duty Liability?	
10. Please explain how the Estate Duty liability has been calculated	
11. By whom has the Estate Duty liability been calculated?	
12. Please give details of gifts currently being made or made in the last three years	

Business Assurance Covers

Copies of audited accounts will also be required for proposals where the Sum Assured exceeds: \$1,000,000 for Life Assurance Cover.

Where accounts are indicating losses, or where the last three years' reports and accounts are not available, a business plan with projections for future profits will be necessary.

To be completed for all business covers

1. Please state the name of the business (eg company or partnership name)	
2. Please explain upon what basis the Sum Insured has been calculated	

3. Please state the business' turnover, gross and pre-tax net profits over the last 3 years

	Year	Year	Year
Turnover			
Gross Profit			
Pre-tax net profit			

To be completed for key person (loss of profits) cover

4. Why is the key person considered to be so valuable to the business?	



5a) What type of business is the company engaged in?

b) How many people are employed?

6a) How long has the business been in operation?

b) How long has the life to be insured been employed by this business?

7. What is the total salary roll of the firm?

8. What percentage of the business's profits can be attributed to the key person?

9. Please state details of any other applications in force or proposed on the lives of other employees

Name of key person	Policy type	Sum insured	Insurer in force/proposed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guidance Note: Sums Insured for key person loss of profits cover should be based upon the average pre-tax net profit figures for a business, attributable to the key person. Such profit figures must be calculated using multiples of 5 times attributable Net Profit for life cover. Alternatively, the same multiples can be used for the purposes of calculation using the key person's salary.

Note: The inclusion of a copy of the loan offer letter would be helpful.

10. Please state the following:

Name of the lender

Reason for the loan

Amount of the loan

Interest rate

Loan duration

Repayment method

Is the policy a condition of the loan?

Guidance Note: The full Sum Insured, up to the amount of the loan for which the Life Insured is responsible, may be allowed for life and critical illness cover. Supportive evidence must ensure that the loan can be repaid from profits of the business.

To be completed for shareholder or partnership protection cover

11. Please state the value of the business

12. By whom has the valuation been made?

13. What percentage of the shares of the business does the Life Insured own?

14. How many shareholders are there in the business?

15. Are policies to be written on all shareholders? If not, why not?

16. Is there a double option or buy and sell agreement between the partners (partnerships only)?

Guidance Note: Wherever possible, an accountant's valuation of the business should be obtained.



Declaration by Life Insured

This declaration is to be completed in all cases, for both Personal and Business Covers.

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

I understand that failure to give true and complete answers to all questions may entitle the Company to reject a claim made under the policy.

First Life Insured

Signed

Date

D

D

M

M

Y

Y

Y

Y

Second Life Insured

Signed

Date

D

D

M

M

Y

Y

Y

Y

Independent Third Party (accountant, bank manager or solicitor)

Qualification, name and address

Signed

Date

D

D

M

M

Y

Y

Y

Y



Service and Administration Contact Details

If we can help you with more information about our product offerings, or if you would like to meet with one of our product experts, please contact us:

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Please specify within your query which country or area your enquiry relates to

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