

Application Reference Number

In instances where large sums of money are assured, 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.

Most large cases fall into the following categories:

Personal Covers

- Family Protection
- Mortgage or Loan
- Estate Duty

Business Covers

- Key Person - Loss of profits
- Business Loan
- Share Purchase and Partnership

Notes

1. Only the relevant section of the questionnaire relating to either Personal or Business Cover should be completed.
2. This form should be countersigned by an independent third party (eg an accountant, solicitor or bank manager).

Alternatively, other supporting evidence may be used in place of a third party signature such as:

Personal Covers - Proof of earnings for the last three years; Mortgage or Loan Agreements; an accountant's/solicitor's letter confirming Estate Duty liability.

Business Covers - Audited reports covering the last three years; Loan agreements; an accountant's valuation of the company or partnership.

Any additional requirements with regards to supporting evidence will be indicated within the relevant section of the questionnaire.

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

	First Life Assured	Second Life Assured
First Name(s)	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Last Name	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Date of Birth	<input style="width: 95%; height: 25px;" type="text"/> dd/mm/yyyy	<input style="width: 95%; height: 25px;" type="text"/> dd/mm/yyyy
Occupation	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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

	First Life Assured		Second Life Assured	
	Year	Year	Year	Year
From employment stated above	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
From investments and dividends	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
From other sources	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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/Euro
Property		
Investments		
Others (please specify)		
	Total	

4. Please detail your liabilities

	Description	Value USD/GBP/Euro
Mortgage		
Loans		
Others (please specify)		
	Total	

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 Assured has been calculated?

Guideline Note: For applicants who require life cover family protection, the Sum Assured (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 Assured has been calculated

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

	Year	Year	Year
Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Profit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-tax net profit	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 assured	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"/>
<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 Assured 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.

To be completed for business loan cover

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 Assured, up to the amount of the loan for which the Life Assured 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 Assured 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 Assured

Signed Date

Second Life Assured

Signed Date

Independent Third Party (accountant, bank manager or solicitor)

Signed Date

Qualification, name and address

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com