

Quotation number

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The information that you disclose on this form will be dealt with in the strictest confidence.

Section 1: Details of Life Assured

Name of Life Assured

Permanent identity/
passport number

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Permanent ID

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of birth

D	D	M	M	Y	Y	Y	Y
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Financial Intermediary's name

<input type="text"/>	Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of applicant

(If other than Life Assured)

Please note:

For business insurance you must submit a copy of the latest income statement and balance sheet.

Section 2: General questions

a. What was your gross personal income from your occupation during the last tax year?

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b. What was your gross personal income for the previous year?

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c. What were your gross investments during the last tax year?

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d. What amount is in force for accident death benefits at present?

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e. How much life cover do you have in force at present?

Amount of cover (USD/GBP/EUR)	Ownership	Reasons for cover (i.e. personal, business, key person, partnership)

f. Please provide full reasons for the amount of cover you have applied for.
(Include all financial needs analyses, if applicable):

☐ Yes ☐ No

Name of company	Amount of cover

☐ Yes ☐ No

Yes No

	Yes	No
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a. What is the nature of the company's business?

Retailer		Manufacturer		Wholesaler		Financial services		Professional		Other	
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From: mm/vvvv

To: [mm/vvvv](#)

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Current year:

Previous year:

[illegible]

			%

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This year:

Previous year:

This year:

Previous year:

This year:

[illegible][illegible]

This year:

[illegible][illegible]

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Cost to replace key person

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

7

[illegible]

[illegible][illegible][illegible]

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

Alternatively you can contact your nearest Unisure office, details of which are available on our website, or get in touch using our email address: admin.life@unisuregroup.com

