

Financial questionnaire for business/ partnership/contingent liability

(by Life Assured)

Quotation number																	
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																	
Permanent ID	Ye	es	No)	Tel	ephor	ne										
Date of birth	D	М	М	Υ	Υ	Υ	Υ										
Financial Intermediary's name									C	ode							
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 of the last tax year?					durin	g [
b. What was your gross personal income for the previous year?																	
c. What were your gross investments during the last tax year?																	
d. What amount is in force for accident death benefits at present?																	
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 a (Include all financial needs analyse				nave c	applie	d for.											



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g.	Are you currently applying to another lite insurance comp	any for cove	rş			Ye	es	No				
	If Yes, please state the name/s of the company/ies and ar	mount/s:						_				
	Name of company		Amount of cover									
h.	Have you ever been declared insolvent?	Yes	No	If Yes, on	which date?	do	l/mm/yy	УУ				
i.	Have you ever been rehabilitated?	Yes	No	If Yes, on	dd/mm/yyyy							
j.	Are you married in community of property?					Yes No						
C =	all and O. K. and an analysis of the second											
3e 0	ection 3: Key person insurance What is the nature of the company's business?											
u.		Fine			Drafassianal		Otloau					
	Retailer Manufacturer Wholesaler	FINC	ancial services		Professional		Other					
	If Other, please provide full details:											
b.	How long has the key person been employed by the com	ipany?	Fro	om:	mm/yyyy	To:	mm,	/уууу				
C.	How long has the company been in business?											
d.	What is the key person's position in the company?											
e.	What special knowledge does the key person have and w	vhy is the con	npany so dep	endent c	on him/her?							
_												
t.	Please state the key person's total remuneration package over the past two years.	Current year	:									
	F	Previous year	:									
g.	If the key person is a shareholder, please state:											
	The current value of the shares held:											
	The percentage of the total issued shares held:			%	70							
	Please provide details on how the shares are valued:											
h.	Please state the company's:											
	Annual turnover over the past two years	This year	:									
		, Previous year					=					
	Gross profit over the past two years	This year										
	F	Previous year	:									





Net profit over the past two years	This year:									
	Previous year:									
Total salary roll	This year:									
	Previous year:									
i. Does the company hold or does it intend	d taking out policies on the live	s of other key persons?								
If Yes, please provide full details:										
j. Will the policy remain in force if the key p	person leaves the company?									
If Yes, to whom will it then belong?										
11. Please indicate the method of calculation	on used to arrive at the cover f	or which you have applied:								
Anticipated loss of business		Cost to replace key person								
Potential contracts		Recruitment costs								
Current contracts		Training costs								
		Increase in salary over months								
Loan contracts										
Other		Other								
Total (a)										
		Total (b)								
		Value of key person: Total (a) and (b)								

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



