

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

Yes  No Telephone 

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Date of birth

Financial Intermediary's name

Code 

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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**

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

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

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

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

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5. 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)

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

7. Are you currently applying to another life insurance company for cover?  Yes  No

If Yes, please state the name/s of the company/ies and amount/s:

Name of company	Amount of cover

8. Have you ever been declared insolvent?  Yes  No If Yes, on which date?

9. Have you ever been rehabilitated?  Yes  No If Yes, on which date?

10. Are you married in community of property?  Yes  No

### Section 3: Key person insurance

1. What is the nature of the company's business?

Retailer  Manufacturer  Wholesaler  Financial services  Professional  Other

If Other, please provide full details:

2. How long has the key person been employed by the company? From:  To:

3. How long has the company been in business?

4. What is the key person's position in the company?

5. What special knowledge does the key person have and why is the company so dependent on him/her?

6. Please state the key person's total remuneration package over the past two years.  
Current year:            
Previous year:

7. If the key person is a shareholder, please state:  
The current value of the shares held:            
The percentage of the total issued shares held:     %

Please provide details on how the shares are valued:

8. 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:            
Previous year:

Net profit over the past two years

This year:

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Previous year:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Total salary roll

This year:

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Previous year:

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9. Does the company hold or does it intend taking out policies on the lives of other key persons?  Yes  No

If Yes, please provide full details:

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10. Will the policy remain in force if the key person leaves the company?

If Yes, to whom will it then belong?

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11. Please indicate the method of calculation used to arrive at the cover for which you have applied:

Anticipated loss of business

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Cost to replace key person

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Potential contracts

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Recruitment costs

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Current contracts

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Training costs

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Loan contracts

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Increase in salary over  months

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Other

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Other

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Total (a)

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Total (b)

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Value of key person: Total (a) and (b)

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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](mailto:administration@unihealthandlife.com)