

Financial questionnaire – life and critical illness

Your details

Name of life to be assured

Application number(s)

Why we are asking you for this information

We'd like some more information on why you need the level of cover you have chosen so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

For joint life or life of another applications between married couples or civil partners, a separate questionnaire needs to be completed for each person to be covered.

Please answer the following questions

1. Do you have any existing life cover and/or critical illness cover for personal or business reasons?

☐ Yes ☐ No

If 'yes', please give details of the type, amount and reason for cover below:

Type of cover

Amount of cover

Reason for cover

2. Please tell us why you need the cover you are applying for.

If you have submitted more than one application to us, please include information for each application (including details of whether the cover is intended to meet business or personal needs):

Type of cover

Amount of cover

Reason for cover

3. Are you currently applying to another provider for life and/or critical illness cover?

☐ Yes ☐ No

If 'yes', please give details below:

Type of cover	Amount of cover	Reason for cover	Provider's name	Application no.
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Personal cover

If you are applying for cover for your personal needs, please answer the following questions (numbers 4-8) and sign the declaration after question 8.

Examples of personal needs include family protection, mortgage or loan protection, cover to meet a potential inheritance tax bill, or cover related to a relevant life trust.

If you are applying for business cover, please skip to question 9.

4. How many dependants do you have and what are their relationships to you?

Number of dependants	Relationships to you
<hr/>	<hr/>
	<hr/>
	<hr/>

5. Who do you work for?

6. Please tell us your annual earned and unearned income:

	Amount	Source of income
Annual earned income	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
Annual unearned income	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

7. Please tell us the approximate value of your assets (for example, houses, cars, shares, savings):

Asset type	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

8. Please tell us the approximate amount of your liabilities (for example, mortgages, loans):

Liability type	Amount
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Declaration – personal cover

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date

D

D

M

M

Y

Y

Y

Y

For business protection, please continue below.

Business cover

If you are applying for cover for your business needs, please answer the following questions (numbers 9-16) and sign the declaration after question 16.

Examples of business needs include key person cover, partnership assurance cover, shareholder protection or business loan protection.

If you are only applying for personal cover, you do not need to complete the rest of this questionnaire.

9. Name of business

10. Please tell us when the business started trading and what type of business it is, below:

11. Please give details of the annual turnover, gross profit and net profit of the business during the last three years.

If the business is newly formed, please provide projected figures.

	Year 20.....	Year 20.....	Year 20.....
Turnover	£	£	£
Gross profit	£	£	£
Net profit (before tax)	£	£	£

12. Please tell us what type of work the person to be covered does, and how long have they been employed by or working in the business?

13. Please give details of the salary and the value of any other benefits paid to the person to be covered, for this year and last year, below:

	Year 20.....	Year 20.....
Basic salary	£	£
Other benefits	£	£

14. What percentage share or shareholding does the person to be covered have in the business named above?

%

15. Please give details of why the proposed level of cover is needed.

In the case of key person cover, please tell us what are the person to be covered's special skills, and how you have calculated the financial loss to the business in the event of their death or critical illness.

In the case of partnership assurance cover or shareholder protection, please confirm how the partnership or company has been valued.

16. Is the business applying to us for cover on another employee/director?

 Yes No

If 'yes', please give details below:

Name	Application number

Declaration – business cover

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Name of applicant

Position in business

Signature of applicant

Date

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NP720792002 (10/21)

