

Data collection form

Zurich Personal Protection
Zurich Business Protection
Zurich Whole of Life
Zurich Business Whole of Life
Zurich Relevant Life
Zurich Income Protection

This is not an application form and is for Intermediary use only

Client(s) name(s):

Life Assured 1

Life Assured 2

When to use this form

This form is NOT an application form and is only to be used for the interim collection of data from your client to help you with the subsequent completion of an online application on their behalf.

Did you know that you can save time and increase the possibility of immediate acceptance by delegating completion of the health and activities' sections to the client to complete?

To do this simply select 'interactive' when keying this application online and then click the delegate button on the Medical Consent screen. An email will then be sent to the client to answer the questions directly and we will let you know when they have done this for you to complete the remainder of the application.

If you wish to do this, please complete pages 1-25 and then pages 51 onwards.

Intermediary guidance

Please fully complete all the relevant questions in this form.

Before completing this form, please ensure your client is directed to the Zurich Assurance Ltd's (Zurich) data protection statement, which is available through www.zurich.co.uk/privacy/fair-processing-notice. Please also read the accompanying important notes to your client and ensure that your client is fully aware of their importance.

How to contact Zurich

Call 0370 850 5682 Monday to Friday 9am to 5.30pm (excluding bank holidays). They may record or monitor calls to improve their service.

Please note

- Your application is subject to acceptance by Zurich.
- Completing and submitting an application does not guarantee that Zurich will accept your application and, if they do, on what terms.
- Zurich will start to collect premiums after they have accepted your application. Zurich will let you know whether, or not, they have accepted your application.
- The standard terms and conditions for the policy applied for are available on request from me. Alternatively, Zurich can provide these for you. You can phone, email or write to Zurich.

Office address: Zurich Assurance Ltd, Unity Place,
1 Carfax Close, Swindon, SN1 1AP.

Email: applicationsupport@uk.zurich.com

Telephone: 0370 850 5682

They're open from Monday to Friday 9am to 5.30pm (excluding bank holidays). They may record or monitor calls to improve their service.

- Zurich policies are only suitable for clients who are UK residents and registered with a UK General Practitioner when the policy starts and for six months prior to applying.
- For Zurich Accelerate, all claims will be managed by our partner Further through their digital Trusteddoctor platform. The premium for Accelerate is not guaranteed and may change in the future. The benefit can be cancelled by your client at any time without penalty. The benefit will end if the life assured is no longer a UK resident for tax purposes.

These are important notes that you need to read to your client

The form that we are about to complete together is designed to help gather the necessary information from you to complete an online application to Zurich on your behalf.

As you will not be present when the application(s) is submitted, it is important that I take this opportunity to bring certain important matters to your attention.

Answering the questions – your duty to take reasonable care

- As the information you give me will be used to help me answer Zurich's questions on the application form and any subsequent questions they ask, it is essential that you answer all the questions fully, honestly and accurately, to the best of your knowledge. If you don't answer the questions correctly the policy may be cancelled, or its terms may be changed, or a claim may not be accepted or paid in full.
- Even if information has been provided in a previous application, it must be provided again.
- Please don't assume Zurich will contact your doctor, to ask for any medical or other information.
- Zurich will send you confirmation of the questions and the answers you have given. You will need to check this carefully to make sure the information shown is correct. If you think anything you've told Zurich is wrong, or anything changes up to the policy

start date, let Zurich know as soon as possible. If your application is accepted you do not have to tell Zurich about any changes that happen after your policy has started unless Zurich ask you to if you apply for an increase or extension in cover.

- You need to make sure that your answers are recorded completely and accurately. Zurich's decision to offer cover, and the terms of that cover, will be based upon the recorded answers and won't take into account any verbal information not otherwise recorded.
- Your duty to take reasonable care to answer all the questions fully, honestly and accurately, to the best of your knowledge also applies to any options you may have under the policy to increase the cover and to any policy Zurich allows you to have that replaces this one.
- As part of Zurich's routine checks on the accuracy of the information that has been provided, Zurich will ask for permission to access your medical records up to six months after your policy has started. If you don't give Zurich your consent, they'll be unable to continue with your application. If their routine checks find incorrect information, or if you don't tell them about something that's incorrect or has changed, the policy may be cancelled, its terms may be changed, or a claim may not be accepted or paid in full. Cancelling a policy means that no cover or other benefits will be provided.
- As your adviser I am your agent, not Zurich's. I act for you, not Zurich.

Genetic tests

- You must tell Zurich if you have had a genetic test for Huntington's disease and you are applying for more than £500,000 of total life cover. This includes any existing cover you have with Zurich.
- If you wish to tell Zurich about a negative genetic test result, which shows that you have not inherited a genetic disorder, Zurich will take this into account when assessing your application provided that your clinical geneticist confirms to Zurich, in writing, that the test result indicates you have a reduced risk of developing the inherited disease.
- You must tell Zurich if you either (1) have a family history of, (2) are experiencing symptoms of, or (3) are having treatment for a medical condition including any genetically inherited condition.

Data protection – your information

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

Access to Medical Records

- Any application will contain your consent to Zurich obtaining medical information from any doctor you have consulted about your physical or mental health, in order to assess the application.
- You authorise those asked by Zurich for information (described in the statement) to provide it on production of a copy of your consent.
- Your doctor or other medical professional may choose to email medical data to Zurich. If Zurich needs this information to decide whether to offer you cover and on what terms we will provide Zurich's underwriting email address. This address is not used for general email communication.
- Zurich's confidentiality policy means that your medical data is held securely and access limited to appropriate individuals with a business need to see it.
- Any relevant information obtained by Zurich during the assessment of your application, in addition to that provided in the application, may be used as part of that assessment and as part of the administration of any claim. Where an application is made on a joint life basis, and where it is reasonable and appropriate to do so, information relating to either party may be considered in relation to the other.
- For Zurich Accelerate, you give consent to share any medical evidence/records with Further, including the outsource of claims and collation of medical evidence through the digital Trusteddoctor platform.

Access to Medical Reports

This section tells you why we ask you about your medical history, why we might ask your doctor for medical reports and what we do with the information given to us. It also explains your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Why do you ask me questions about my medical history?

We use the information you give us in your application form and the reports from your doctor, to help us assess the risk of providing you with the cover you have requested. We may also request a report from your doctor to check the answers you've given in your application. This then ensures that we are fair to all customers when deciding if we can offer cover and if so, on what terms.

What information will be in the doctor's report?

The medical report your doctor fills in asks about:

- any tobacco, nicotine replacements, alcohol or drug usage
- details, including copies of any reports or letters, of any illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor. For example, we will ask about:
 - a) any history of heart disease, cancer, stroke, diabetes, mental health, central nervous system diseases, musculoskeletal disease or injury
 - b) the results of any tests or investigations that you've had, or any tests or investigations that you've been advised to have or are awaiting
 - c) any prescribed medication
 - d) any time off work
- any history of disease in your mother, father, brothers or sisters you've told your doctor about.

The medical report will not ask for any information about:

- negative tests for HIV, hepatitis B or C, isolated or multiple incidences of sexually transmitted diseases unless there are long-term health implications, or any predictive genetic test results.

Your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

We may need to contact your doctor for a medical report and in case we do, we need your permission first. We use the information you give us in your application, and sometimes reports from your doctor, to:

- help us assess your application and decide if we can offer you cover; or
- check the answers you've given either during your application or after your policy starts.

Before giving your permission you have legal rights and these are summarised as follows:

- you can ask your doctor for a copy of the report at any time during the 6 months after it has been sent to us
- you can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report
- you can ask to see the report before your doctor returns it to us. If you do, we'll ask your doctor to retain it for 21 days so that you can arrange to see the report. This may cause a delay in processing your application.

You don't have to give your consent, but if you select 'No' from the question on the next page, we'll be unable to offer you cover.

Confidentiality of customer information

Zurich Assurance Ltd (Zurich) is committed to ensuring that the way we collect, hold, use and share information about you fully complies with data protection legislation. Before signing the Declaration you should refer to the data protection statement provided to you when you applied for the policy. This explains how your data will be used. If you would like more information please contact us or ask your adviser.

If you have any questions about your rights under the Act or any questions about the process of obtaining, assessing or storing medical information, please write to us at:

Customer Services,
Unity Place
1 Carfax Close
Swindon
SN1 1AP

Or call us on 0370 850 5682.

We are open from Monday to Friday 9am to 5.30pm (excluding bank holidays). We may record or monitor calls to improve our service.

Declaration

I/We have read the section headed 'Your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.' I/We consent to Zurich Assurance Ltd (Zurich) obtaining medical information from any doctor about anything affecting my/our physical or mental health and to Zurich obtaining information from other insurers about previous applications I/we have made for any life, sickness, accident or private medical insurance. I/We authorise those asked for such information to provide it on the production of a copy of this consent.

Do you consent to your medical records being shared with Zurich as explained in the Access to Medical Reports section above? Yes ☐ No ☐

(You can choose not to give us permission to see your medical records, but we won't be able to offer you cover or proceed with your application).

I/We do/do not* want to view any medical report before my/our GP sends it to Zurich. (*delete as appropriate).

Reference number

Name of Life 1

Name of Life 2

Signature of Life 1

Signature of Life 2

Date of signature

D

D

M

M

Y

Y

Y

Y

Date of signature

D

D

M


M

Y

Y

Y

Y



Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Doctor

	Life 1	Life 2
<div><p>Please provide us with your doctor's details.</p><p>You must be a UK resident and registered with a UK General Practitioner when this policy starts and for six months prior to applying – for joint policies, this applies to both people. If you're not, we'll be unable to offer you cover.</p><p>Asking for this doesn't mean we'll automatically request a medical report.</p></div>	<div><div>Address</div><div></div><div>Telephone</div><div></div></div>	<div><div>Address</div><div></div><div>Telephone</div><div></div></div>

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

All items are mandatory, including email addresses, for each life to be assured.

Clients

Life Assured 1

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Gender Male ☐ Female ☐

Nationality

Occupation

Address

Postcode

Phone number

Email address

Please provide a separate email address for each life assured, to protect their personal information. Your clients will use these to individually register and login to the secure online portal and, if Zurich Accelerate is selected, the Trusteddoctor platform.

Correspondence preference

Online through the Zurich portal ☐ Post ☐

You can change your correspondence preference online through the Zurich portal once you have registered with us.

We give customers secure online access to their policy. From there, they can easily find their policy information, manage their contact details, bank details and make a claim. If your client needs communications to be posted, select ‘post’ as their correspondence preference. If they need them in an alternative format such as large print, braille or audio, please let us know. If Zurich Accelerate is selected, your client must have online access as all communications relating to an Accelerate claim will be online through the Trusteddoctor platform managed by our partner Further.

By reducing the paper we send, we can work with customers to reduce our impact on the environment. While most documents and letters can be viewed and printed online, until we’re fully digital some will still be sent by post.

Tobacco or nicotine usage

Please provide accurate information about your client’s use of cigarettes including roll ups, vapes and e-cigarettes containing nicotine, cigars, pipes or any other tobacco or nicotine products including patches and gum. This is an important factor in our assessment and payment of claims. We carry out tests to confirm use.

☐ Regular, Occasional or Social Use

☐ Completely stopped within 12 months

☐ Completely stopped between 1 and 3 years ago

☐ Completely stopped between 3 and 5 years ago

☐ Completely stopped more than 5 years ago

☐ Never used

If ‘Regular, Occasional or Social Use’ smoker please answer the question on page 26 to confirm the type and amount smoked on average each day.

Life Assured 2

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Gender Male ☐ Female ☐

Nationality

Occupation

Address

Postcode

Phone number

Email address

Please provide a separate email address for each life assured, to protect their personal information. Your clients will use these to individually register and login to the secure online portal and, if Zurich Accelerate is selected, the Trusteddoctor platform.

Correspondence preference

Online through the Zurich portal ☐ Post ☐

You can change your correspondence preference online through the Zurich portal once you have registered with us.

We give customers secure online access to their policy. From there, they can easily find their policy information, manage their contact details, bank details and make a claim. If your client needs communications to be posted, select ‘post’ as their correspondence preference. If they need them in an alternative format such as large print, braille or audio, please let us know. If Zurich Accelerate is selected, your client must have online access as all communications relating to an Accelerate claim will be online through the Trusteddoctor platform managed by our partner Further.

By reducing the paper we send, we can work with customers to reduce our impact on the environment. While most documents and letters can be viewed and printed online, until we’re fully digital some will still be sent by post.

Tobacco or nicotine usage

Please provide accurate information about your client’s use of cigarettes including roll ups, vapes and e-cigarettes containing nicotine, cigars, pipes or any other tobacco or nicotine products including patches and gum. This is an important factor in our assessment and payment of claims. We carry out tests to confirm use.

☐ Regular, Occasional or Social Use

☐ Completely stopped within 12 months

☐ Completely stopped between 1 and 3 years ago

☐ Completely stopped between 3 and 5 years ago

☐ Completely stopped more than 5 years ago

☐ Never used

If ‘Regular, Occasional or Social Use’ smoker please answer the question on page 26 to confirm the type and amount smoked on average each day.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 1

If you have not already produced a quote, please complete this page with details of the first product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 9. If not, please go to page 24.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

	Life 1	Life 2
Waiver of Premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):	<input type="text"/>		

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Waiver of Premium⁽²⁾	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 2

If you have not already produced a quote, please complete this page with details of the second product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 12. If not, please go to page 24.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

	Life 1	Life 2
Waiver of Premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):	<input type="text"/>		

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
	Life 1	Life 2	
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 3

If you have not already produced a quote, please complete this page with details of the third product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 15. If not, please go to page 24.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

	Life 1	Life 2
Waiver of Premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):	<input type="text"/>		

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
	Life 1	Life 2	
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover1 can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 4

If you have not already produced a quote, please complete this page with details of the fourth product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 18. If not, please go to page 24.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

	Life 1	Life 2
Waiver of Premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):	<input type="text"/>		

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
	Life 1	Life 2	
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 5

If you have not already produced a quote, please complete this page with details of the fifth product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 21. If not, please go to page 24.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

	Life 1	Life 2
Waiver of Premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):	<input type="text"/>		

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of Increasing Cover (only complete if selected Increasing Cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Waiver of Premium⁽²⁾	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 6

If you have not already produced a quote, please complete this page with details of the sixth product you wish to add to your application. Otherwise go to page 18.

Cover details – Personal Protection

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first event ☐ Joint life second event⁽¹⁾ ☐

Main benefit: Life ☐ Life and Critical Illness⁽²⁾ ☐ Critical Illness⁽²⁾ ☐

Cover type: Level ☐ Decreasing⁽²⁾ ☐ Increasing ☐ Family Income Cover ☐ Increasing Family Income Cover ☐

Sum assured/monthly cover: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years and Accelerate is not selected): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Policy options

Critical Illness Cover Type⁽⁴⁾: Critical Illness ☐ Critical Illness Enhanced⁽⁶⁾ ☐ Critical Illness Enhanced Plus⁽⁶⁾ ☐

Children's Cover⁽³⁾: Yes ☐ No ☐

Children's Cover sum assured: (Value must be between £10k and £100k) £

Children's Enhanced Cover: Yes ☐ No ☐

Pregnancy and Early Childhood Cover: Yes ☐ No ☐

Renewal Option⁽⁶⁾ (not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Conversion Option) Yes ☐ No ☐

Conversion Option⁽⁶⁾ (this is available on Life Cover only plans, not available on joint life second event policies, Family Income Cover, Decreasing Cover or with Renewal Option) Yes ☐ No ☐

Life assured benefits

	Life 1	Life 2
Waiver of premium⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽⁴⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>
Zurich Accelerate⁽⁵⁾⁽⁷⁾	<input type="checkbox"/>	<input type="checkbox"/>
Multi-Fracture Cover⁽⁵⁾⁽⁶⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Whole of Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐ Joint life first death ☐ Joint life second death ☐

Increasing Cover: Yes ☐ No ☐

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Waiver of Premium⁽⁶⁾

	Life 1	Life 2
	<input type="checkbox"/>	<input type="checkbox"/>

⁽¹⁾ Not available on Decreasing Cover, Family Income Cover or Increasing Family Income Cover policies.

⁽²⁾ Not available on joint life second event policies.

⁽³⁾ Children's Cover can only be on one Zurich Personal Protection policy for each life assured.

⁽⁴⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽⁵⁾ Only available where the life assured is the policyholder. Zurich Accelerate and Multi-Fracture can only be on one Zurich policy.

⁽⁶⁾ Only available at the start of the policy, cannot be added later but can be removed.

⁽⁷⁾ Only available if you pay monthly.

Cover details – Business Protection

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first event <input type="checkbox"/>
Main benefit:	Life <input type="checkbox"/>	Life and Critical Illness <input type="checkbox"/>	Critical Illness <input type="checkbox"/>
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Sum assured/monthly cover:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Term:	<input type="text"/> years	OR	To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):		Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Rate of Increasing Cover (only complete if selected Increasing Cover above):		RPI <input type="checkbox"/>	3% <input type="checkbox"/> 5% <input type="checkbox"/>
Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above): <input type="text"/>			

Policy options

Critical Illness Select Cover⁽¹⁾⁽²⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Children's Benefit⁽¹⁾:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal Option⁽²⁾ (not available on Decreasing Cover policies or with Conversion Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conversion Option⁽²⁾ (not available on Decreasing Cover policies or with Renewal Option)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Life assured benefits

	Life 1	Life 2
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability⁽¹⁾⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>

Cover details – Business Whole of Life

Please also complete the relevant sections on pages 6, 7, 8 and 9.

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	Joint life first death <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sum assured:	£ <input type="text"/>	OR	Premium amount: £ <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years):		Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Rate of Increasing Cover (only complete if selected Increasing Cover above):		RPI <input type="checkbox"/>	3% <input type="checkbox"/> 5% <input type="checkbox"/>
	Life 1	Life 2	
Waiver of Premium⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>
Income Protection Enhanced cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increasing Cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term:	<input type="text"/> years	OR To age <input type="text"/>
Premium frequency (yearly can only be chosen if the term is specified in years and Zurich Accelerate is not selected):		Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>

⁽¹⁾ Only available if Life and Critical Illness or Critical Illness is selected.

⁽²⁾ Only available at the start of the policy, cannot be added later but can be removed.

Claim period: 2 years ☐ Full term ☐

Annual gross earnings: £

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Zurich Accelerate* Yes ☐ No ☐

Multi-Fracture Cover* Yes ☐ No ☐

Deferred period (weeks) 4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £ OR Premium (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 ☐ 13 ☐ 26 ☐ 52 ☐ 104 ☐

Benefit amount (monthly): £

* Zurich Accelerate and Multi-Fracture Cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single ☐ Life 2 – Single ☐

Cover type: Level ☐ Decreasing ☐ Increasing ☐

Sum assured: £ OR Premium amount: £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly ☐ Yearly ☐

Rate of Increasing Cover (only complete if selected Increasing Cover above): RPI ☐ 3% ☐ 5% ☐

Decreasing Cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected Decreasing Cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the life assured; therefore please complete page 7. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes ☐ No ☐

Is this policy mortgage related? Yes ☐ No ☐

Is this a replacement of another Zurich policy? Yes ☐ No ☐

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes ☐ No ☐

If you are using a trust we recommend you return the form to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues.

Commission

Commission Style Initial ☐ Initial and Renewal ☐ No commission ☐

Indemnity Yes ☐ No ☐

Commission Type Required ☐ Sacrificed ☐

Entitlement %

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Ownership

Are any of the products selected as part of this application to be owned by someone other than the life assured? ☐ Yes ☐ No
If “Yes”, please complete this form. If “No”, go to page 20.

Life of another – Individual policyholder

If the policy is to be issued to the trustees of an existing trust, please make sure they are aware that all correspondence and notices will be sent to the first named trustee only, except for cancellation notices which will be sent to each policyholder.
You cannot have more than 2 individual policyholders per product.

Individual policyholder 1

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 ☐ Product 2 ☐ Product 3 ☐

Product 4 ☐ Product 5 ☐ Product 6 ☐

Individual policyholder 2

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 ☐ Product 2 ☐ Product 3 ☐

Product 4 ☐ Product 5 ☐ Product 6 ☐

Individual policyholder 3

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 ☐ Product 2 ☐ Product 3 ☐

Product 4 ☐ Product 5 ☐ Product 6 ☐

Individual policyholder 4

Mr ☐ Mrs ☐ Miss ☐ Other title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 ☐ Product 2 ☐ Product 3 ☐

Product 4 ☐ Product 5 ☐ Product 6 ☐

Life of another – Corporate policyholder

If your client is applying for a Relevant Life policy, you need to make sure they're aware that terminal illness cover will stop if the life assured is no longer employed by the employer paying the premiums, or if the policy is assigned to the life assured.

Company name

Companies House registration number

Registered address

Postcode

Email

Phone number

What Policy(ies) do these details apply to:

All products ☐ Product 1 ☐ Product 2 ☐ Product 3 ☐ Product 4 ☐ Product 5 ☐ Product 6 ☐

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

When keying the following details online at the ‘Underwriting options’ page, please select ‘Fixed’ questions if your client is not available to answer any further detailed questions that might be asked online.

Please complete the section ‘Access to Medical Reports’ on page 3 before answering the below.

Did you know that you can save time and increase the possibility of immediate acceptance by delegating completion of the remaining questions to the client to complete?

To do this simply select ‘interactive’ when keying this application and then click the delegate button on the Medical Consent screen. An email will be sent to the client to answer the questions directly and we will let you know when they have done this for you to complete the remainder of the application.

Tick here if you want to delegate the application questions to the customer. ☐

*Remember to complete the direct debit at the end of this form.

Underwriting – Height, weight and habits

Life 1			Life 2		
What is your height?	<input type="text" value="ft"/>	<input type="text" value="in"/>	or	<input type="text" value="m"/>	
What is your weight?	<input type="text" value="st"/>	<input type="text" value="lb"/>	or	<input type="text" value="kg"/>	

	Life 1	Life 2
If ‘Regular, Occasional or Social Use’ smoker selected on page 5, please confirm the type and amount smoked on average each day . For ‘Vape or e-cigarettes’ and ‘Nicotine replacement’ no quantity is required. For ‘Other tobacco’ please detail what this is and the quantity.	<input type="text" value="cigarettes"/>	<input type="text" value="cigarettes"/>
	<input type="text" value="cigars"/>	<input type="text" value="cigars"/>
	<input type="text" value="grams of tobacco for pipe use"/>	<input type="text" value="grams of tobacco for pipe use"/>
	<input type="text" value="vape or e-cigarettes"/>	<input type="text" value="vape or e-cigarettes"/>
	<input type="text" value="nicotine replacement"/>	<input type="text" value="nicotine replacement"/>
	<input type="text" value="other tobacco"/>	<input type="text" value="other tobacco"/>
Other tobacco details	<input type="text"/>	<input type="text"/>

Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question
If “Yes” how often do you have a drink containing alcohol?	<input type="checkbox"/> once a month or less <input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week <input type="checkbox"/> 4 times a week <input type="checkbox"/> 5 times a week <input type="checkbox"/> 6 times a week <input type="checkbox"/> daily	<input type="checkbox"/> once a month or less <input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week <input type="checkbox"/> 4 times a week <input type="checkbox"/> 5 times a week <input type="checkbox"/> 6 times a week <input type="checkbox"/> daily
How many drinks containing alcohol do you have on a typical day when you are drinking? For example, a drink is a glass of wine, a glass or bottle of beer or a measure of spirits.	<input type="checkbox"/> 1 or 2 drinks <input type="checkbox"/> 3 or 4 drinks <input type="checkbox"/> 5 or 6 drinks <input type="checkbox"/> 7 drinks <input type="checkbox"/> 8 drinks <input type="checkbox"/> 9 drinks <input type="checkbox"/> 10 or more drinks	<input type="checkbox"/> 1 or 2 drinks <input type="checkbox"/> 3 or 4 drinks <input type="checkbox"/> 5 or 6 drinks <input type="checkbox"/> 7 drinks <input type="checkbox"/> 8 drinks <input type="checkbox"/> 9 drinks <input type="checkbox"/> 10 or more drinks

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Height, weight and habits (continued)

Life 1

Life 2

Have you ever been advised to reduce your alcohol intake because you were drinking too much, or have you attended or been advised to attend an alcohol support group or counselling or have you been told you have any liver damage?

☐ Yes

☐ No – go to next question

If "Yes" how long ago was this?

- ☐ up to 6 months ago
☐ 6 months to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ 5 to 10 years ago
☐ more than 10 years ago

Why was this?

Please give details of any current symptoms, investigations or time off work.

☐ Yes

☐ No – go to next question

- ☐ up to 6 months ago
☐ 6 months to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ 5 to 10 years ago
☐ more than 10 years ago

In the last 10 years, have you used recreational drugs such as cannabis, ecstasy, cocaine, heroin, amphetamines, or anabolic steroids?

☐ Yes

☐ No – go to next question

We'll only use the answer to this question to assess your application and if you make a claim. There are no legal implications in answering "Yes" to this question.

If "Yes" please provide further information.

Drug 1

Which drug did you use?

How often do you or did you use this drug?

Do you or did you inject this type of drug?

When did you last use this type of drug?

Drug 2

Which drug did you use?

How often do you or did you use this drug?

Do you or did you inject this type of drug?

When did you last use this type of drug?

If you have used more drugs please use a continuation sheet for this information.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Depending on your client's occupation, some of the below answers may not be required as part of the online application.

Underwriting – Occupation

	Life 1	Life 2
<p>Does your occupation involve: working externally at heights over 50ft (15m)*, in oil or gas exploration or production*, in offshore fishing industries*, underground*, handling explosives*, flying, diving*, or are you in the armed forces, including reserve or territorial forces?</p> <p>If you have answered "Yes" to the items marked with a * we will require additional information so please also complete an Occupation Questionnaire. If you do this before you complete the online application you will have an opportunity to provide this information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> working externally at heights over 50 feet/15 metres*</p> <p><input type="checkbox"/> working in oil or gas extraction or production*</p> <p><input type="checkbox"/> working offshore in the fishing industry*</p> <p><input type="checkbox"/> working underground*</p> <p><input type="checkbox"/> handling explosives*</p> <p><input type="checkbox"/> flying (please complete an aviation questionnaire)</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> member of the armed forces or armed forces reserves (please complete an armed forces questionnaire)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> working externally at heights over 50 feet/15 metres*</p> <p><input type="checkbox"/> working in oil or gas extraction or production*</p> <p><input type="checkbox"/> working offshore in the fishing industry*</p> <p><input type="checkbox"/> working underground*</p> <p><input type="checkbox"/> handling explosives*</p> <p><input type="checkbox"/> flying (please complete an aviation questionnaire)</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> member of the armed forces or armed forces reserves (please complete an armed forces questionnaire)</p>
<p>Please answer the questions below if you are applying for Total Permanent Disability or Income Protection.</p>		
<p>Do you work less than 16 hours per week?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p>
<p>Are you required to drive for your occupation, excluding commuting to and from a single place of work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p>
<p>If "Yes", please confirm your annual business mileage.</p>	<input type="text"/>	<input type="text"/>
<p>Do you work with machinery or tools or does your work involve lifting or carrying?</p> <p>If "Yes", please describe what your work involves and what percentage of your time you spend using machinery, tools, lifting or carrying.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Do you spend time working outdoors, e.g. site visits?</p> <p>If "Yes", what percentage of your time is spent working outdoors?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>Do you have more than one occupation?</p> <p>If "Yes", please provide full details including job title, duties and weekly hours.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Past health

Life 1

Life 2

Do you currently have, or have you ever had:

diabetes, raised blood sugar or sugar in the urine?

Select all that apply.

If you have selected type 1 or 2 diabetes please answer the diabetes additional questions on page 44.

If you have selected other condition(s) please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

- ☐ type 1 diabetes
☐ type 2 diabetes
☐ other condition(s)

☐ Yes ☐ No – go to next question

- ☐ type 1 diabetes
☐ type 2 diabetes
☐ other condition(s)

a heart attack, angina, heart related chest pain, heart enlargement, irregular heart beat, valve defect or any other heart condition?

If "Yes" please provide the name(s) of the condition and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

a stroke, transient ischaemic attack (TIA), mini stroke, brain haemorrhage, brain aneurysm or any damage or surgery to the brain?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

cancer, leukaemia, Hodgkin's disease, melanoma, lymphoma, brain or spinal tumours or growths?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

any mental health condition or eating disorder where hospital treatment or referral to a psychiatrist, a mental health team or hospital clinic has been advised, or have you tried to end your own life?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, cerebral palsy, motor neurone disease, dementia, memory loss or any other condition of the nervous system?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Past health (continued)

Life 1

Life 2

Do you currently have, or have you ever had:

hepatitis, abnormal liver function test, fatty liver, cirrhosis, pancreatitis or any other condition affecting your liver or pancreas?

If “Yes” please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

a positive test for HIV or are you awaiting the results of an HIV test? (If the result is negative, having an HIV test will not on its own, have any effect on your acceptance terms for insurance).

If HIV positive please complete the general medical additional questions on page 47.

If “awaiting HIV test” when do you expect the test results to be available?

☐ Yes ☐ No – go to next question

- ☐ HIV positive
- ☐ awaiting HIV test results

☐ Yes ☐ No – go to next question

- ☐ HIV positive
- ☐ awaiting HIV test results

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Recent health

Life 1

Life 2

In the last 5 years, unless you have already told us earlier in this application, have you had any of the following, or have you consulted a doctor, nurse or other health professional for:

raised blood pressure or raised cholesterol?

If "Yes" please answer the raised blood pressure or raised cholesterol additional questions on pages 44 and 45.

☐ Yes ☐ No – go to next question

☐ raised blood pressure
☐ raised cholesterol

☐ Yes ☐ No – go to next question

☐ raised blood pressure
☐ raised cholesterol

anxiety, stress, depression or any other mental health condition that's required consultation with a health professional, treatment or time off work?

If "Yes" please provide the name(s) of the condition(s) and complete the mental health additional questions on page 46.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

asthma, COPD, bronchitis or any other condition affecting your lungs or breathing?

Select all that apply.

If "Yes" to asthma, please complete the additional asthma questions on page 45.

If "Yes" to "any other condition affecting your lungs or breathing", please provide the name of the condition and complete the general medical questions on page 47.

☐ Yes ☐ No – go to next question

☐ asthma
☐ any other condition affecting your lungs or breathing

☐ Yes ☐ No – go to next question

☐ asthma
☐ any other condition affecting your lungs or breathing

blood or protein in your urine, kidney stones or recurrent urine infections, or anything else affecting your kidneys, bladder or urine?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

any thyroid disorder?

If you are applying for life cover only, you do not need to answer this question.

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

ulcerative colitis, Crohn's disease, ulcers or any other condition of the stomach, bowel or digestive system?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

any tremor, numbness, loss of feeling or tingling in the limbs or face, blurred or double vision, loss of balance or co-ordination, epilepsy, seizure or loss of muscle power?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Recent health (continued)

Life 1

Life 2

In the last 5 years, unless you have already told us earlier in this application, have you had any of the following, or have you consulted a doctor, nurse or other health professional for:

any lump, cyst, growth or polyp, or a mole or freckle that's bled, become painful or itchy, changed in appearance or that you've been advised to monitor for changes?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

any condition affecting your blood or blood vessels such as blood clotting disorders, narrowing, deep vein thrombosis (DVT), anaemia or haemochromatosis?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

any back, neck, joint or muscular pain which has required medical advice or treatment, such as any form of arthritis, whiplash, sciatica, slipped disc, muscular back pain or gout?

If you are applying for life cover only, you do not need to answer this question.

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

any condition of the eyes or ears such as visual impairment in one or both eyes, deafness, hearing loss, ringing in one or both ears, tinnitus, labyrinthitis or Meniere's disease?

If you are applying for life cover only, you do not need to answer this question.

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

chronic fatigue, fibromyalgia, Long COVID or Post-COVID syndrome?

If you are applying for life cover only, you do not need to answer this question.

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

This question is only for female lives.

an abnormal cervical smear, positive test for the Human Papilloma Virus (HPV), abnormal mammogram or any conditions of the breast, ovary or uterus, which have required medical advice?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Recent health (continued)

Life 1

Life 2

In the last 5 years, unless you have already told us earlier in this application, have you had any of the following, or have you consulted a doctor, nurse or other health professional for:

This question is only for male lives.

anything affecting your prostate or testicles, such as raised Prostate Specific Antigen (PSA)?

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 47.

Underwriting – Current Health

Life 1

Life 2

Other than for the conditions you have already told us about earlier in this application:

in the last 2 years, have you had or been advised to have any medical investigations, or are you waiting for any test results, appointments or investigations with your doctor or any other medical professional? (You don't need to tell us about anything related to a routine pregnancy).

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

If "Yes", does this relate only to medical conditions, tests or investigations you have already told us about in this application?

☐ Yes

☐ No

☐ Yes

☐ No

If "No", please provide details of the type of test or investigation, reason for it and symptoms or condition being investigated.

Has this test or investigation already been carried out?

☐ Yes

☐ No

☐ Yes

☐ No

If "Yes", please confirm the date of the test, the result and whether any further follow up was required.

If "No", when do you expect the appointment or investigation to take place?

in the last 2 years have you had any medication or treatment that lasted more than four weeks, or have you been treated in hospital as an inpatient? (Hospital inpatient treatment is where you have spent at least one night in hospital. You don't need to tell us about the oral contraceptive pill, iron supplements during pregnancy, hormone replacement therapy (HRT) or treatment for minor accidents).

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

If "Yes", do these treatments relate only to medical conditions you have already told us about in this application?

☐ Yes

☐ No

☐ Yes

☐ No

If "No", please give full details of the type of drugs, medicines, tablets or other treatment and the condition or symptoms being treated.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Depending on your client’s occupation, some of the below answers may not be required as part of the online application.

Underwriting – Current health (continued)

Life 1

Life 2

Please answer the following question if you are applying for Waiver of Premium, Total Permanent Disability or Income Protection.

Other than for the conditions you have already told us about earlier in this application:

are you currently off work, working reduced hours, or in the last 2 years had more than 10 consecutive days off work or altered your duties due to sickness or injury?

☐ Yes ☐ No – go to next question

For Total Permanent Disability and Income Protection only, please select from the list:

- ☐ Currently off work
- ☐ Working reduced hours
- ☐ 11 or more consecutive days off work
- ☐ Altered work duties

For Total Permanent Disability and Income Protection only:

– Please confirm the reason for being off work or working reduced hours/altered duties.

– Have you made a full recovery and returned to work and your normal hours/duties?

☐ Yes ☐ No

If “No”, when do you expect this to happen?

– Please provide details of any tests, investigations or treatment you’ve had or are waiting to have.

If “Yes” to “Currently off work” or “Working reduced hours”, for how long (in months) has this been?

If “Yes” to “11 or more consecutive days off work”, when was this and for how many days in total?

If “Yes” to “Altered work duties”, when did this start and for how long (in months)?

☐ Yes ☐ No – go to next question

For Total Permanent Disability and Income Protection only, please select from the list:

- ☐ Currently off work
- ☐ Working reduced hours
- ☐ 11 or more consecutive days off work
- ☐ Altered work duties

☐ Yes ☐ No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Current health (continued)

Life 1

Life 2

Other than for the conditions you have already told us about earlier in this application:

in the last 3 months, have you had any symptoms of ill health, such as unexplained bleeding, weight loss, change of bowel habit, any lump or growth, changes affecting either breast or either testicle, breathing problems or shortness of breath or a cough that’s lasted for 4 weeks or more?

Select all that apply.

If “Yes” to “other symptoms of ill health”, what symptoms of ill health do you have?

If “Yes” to any of the options, please answer the following questions:

When did this start?

Have you seen a doctor for this?

If “Yes”, (to Have you seen a doctor for this?), are you awaiting any further tests, investigations or referral to a specialist?

If “Yes”, (to Are you awaiting any further tests, investigations or referral to a specialist?), when is the next appointment due?

If “No”, (to Have you seen a doctor for this?), are you intending to see a doctor?

If “Yes” (to Are you intending to see a doctor?), when do you expect to be seen?

☐ Yes ☐ No – go to next question

- ☐ unexplained bleeding
- ☐ unexplained weight loss
- ☐ change of bowel habit
- ☐ any lump or growth
- ☐ breathing problems or shortness of breath
- ☐ a cough that’s lasted 4 weeks or more
- ☐ changes affecting either breast
- ☐ changes affecting either testicle
- ☐ other symptoms of ill health

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No – go to next question

- ☐ unexplained bleeding
- ☐ unexplained weight loss
- ☐ change of bowel habit
- ☐ any lump or growth
- ☐ breathing problems or shortness of breath
- ☐ a cough that’s lasted 4 weeks or more
- ☐ changes affecting either breast
- ☐ changes affecting either testicle
- ☐ other symptoms of ill health

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

are you aware of any other symptoms that you are planning to seek medical advice for?

Please give full details of why you are planning to seek medical advice, including symptoms experienced.

When do you intend to do this?

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health

Life 1

Life 2

Have any of your natural parents, brothers or sisters been diagnosed with any of the following before their 65th birthday:

breast*, bowel/colon, ovarian***, prostate or other cancer?**

Please note, if you wish to tell us about a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account.

☐ Yes ☐ No – go to next question

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

If "other cancer", please also specify the type.

☐ Yes ☐ No – go to next question

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

***For female applicants under age 50 with a family history of breast cancer, please answer the following questions:**

As a result of your family history, has your GP or another medical professional suggested that you have a mammogram or any other type of breast scan?

Please select the most appropriate answer below;

- ☐ I have not discussed my family history with my GP or another medical professional
- ☐ I have discussed my family history with my GP or another medical professional and no investigations were needed
- ☐ I have attended a mammogram or scan as recommended
- ☐ I was advised to have a mammogram or scan but I have decided not to attend
- ☐ Other, please give full details of the investigations.

Please select the most appropriate answer below;

- ☐ I have not discussed my family history with my GP or another medical professional
- ☐ I have discussed my family history with my GP or another medical professional and no investigations were needed
- ☐ I have attended a mammogram or scan as recommended
- ☐ I was advised to have a mammogram or scan but I have decided not to attend
- ☐ Other, please give full details of the investigations.

Before you complete this form, please read the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

***For female applicants aged 50 or older with a family history of breast cancer, please answer the following questions:**

Have you been invited to attend a mammogram as part of the NHS breast screening programme, or as a result of your family history, has your GP or another medical professional suggested that you have a mammogram or any other type of breast scan?

Please select the most appropriate answer below:

- ☐ No, I did not need to have one
- ☐ I have attended a mammogram or scan as recommended
- ☐ I was advised to have a mammogram or scan but I have decided not to attend
- ☐ No
- ☐ Other, please give full details of the investigations.

Please select the most appropriate answer below:

- ☐ No, I did not need to have one
- ☐ I have attended a mammogram or scan as recommended
- ☐ I was advised to have a mammogram or scan but I have decided not to attend
- ☐ No
- ☐ Other, please give full details of the investigations.

****For applicants with a family history of bowel/colon cancer, please answer the following questions:**

Have any of your family members been diagnosed with FAP (Familial adenomatous polyposis) or Lynch syndrome (HNPCC)?

☐ Yes ☐ No

☐ Yes ☐ No

If you have selected "No", please answer the following questions.

As a result of your family history, has your GP or other medical professional suggested that you have any bowel screening, such as a colonoscopy or scan?

Please select the most appropriate answer below:

- ☐ I have not discussed my family history with my GP or another medical professional
- ☐ I have discussed my family history with my GP or another medical professional and no investigations were needed
- ☐ I have attended for bowel screening as recommended
- ☐ I was advised to have a colonoscopy or scan but I have decided not to attend
- ☐ I am waiting for screening or for the results of screening

If you have selected "I am waiting for screening or for the results of screening", when do you expect this to take place and for the results to be available?

If you have selected "I have attended for bowel screening as recommended", please also answer the following questions:

☐ How often have you been advised to attend screening?

Have all your screening results been normal to date?

☐ Yes ☐ No

Please select the most appropriate answer below:

- ☐ I have not discussed my family history with my GP or another medical professional
- ☐ I have discussed my family history with my GP or another medical professional and no investigations were needed
- ☐ I have attended for bowel screening as recommended
- ☐ I was advised to have a colonoscopy or scan but I have decided not to attend
- ☐ I am waiting for screening or for the results of screening

☐ How often have you been advised to attend screening?

Have all your screening results been normal to date?

☐ Yes ☐ No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

***For female applicants with a family history of ovarian cancer in 2 or more family members, please answer the following questions:

As a result of your family history have you had any treatment?

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

If "Yes", what have you had?

Surgery to remove both ovaries

☐ Yes

☐ No

☐ Yes

☐ No

Surgery to remove both breasts

☐ Yes

☐ No

☐ Yes

☐ No

Surgery to remove both ovaries and both breasts

☐ Yes

☐ No

☐ Yes

☐ No

Other type of treatment

☐ Yes

☐ No

☐ Yes

☐ No

If 'Yes', please provide the date and type of treatment you have had.

Have any of your natural parents, brothers or sisters been diagnosed with any of the following before their 65th birthday:

diabetes, heart attack, angina, stroke or cardiomyopathy*?

☐ Yes

☐ No – go to next question

☐ Yes

☐ No – go to next question

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

***If you have a family history of cardiomyopathy, please answer the following question:**

Please give the type of cardiomyopathy if known, the dates, type of investigation(s) or surgery, results and details of any planned review or follow up.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

dementia or Alzheimer's disease, motor neurone disease, polycystic kidney disease, Huntington's disease, muscular dystrophy or polyposis coli?**

Select all that apply.

☐ Yes ☐ No – go to next question

- ☐ family history of dementia or Alzheimer's disease
- ☐ family history of motor neurone disease
- ☐ family history of polycystic kidney disease
- ☐ family history of Huntington's disease
- ☐ family history of muscular dystrophy
- ☐ family history of polyposis coli

☐ Yes ☐ No – go to next question

- ☐ family history of dementia or Alzheimer's disease
- ☐ family history of motor neurone disease
- ☐ family history of polycystic kidney disease
- ☐ family history of Huntington's disease
- ☐ family history of muscular dystrophy
- ☐ family history of polyposis coli

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

****If you have a family history of polycystic kidney disease, please answer the following questions:**

As a result of your family history, have you had a CT scan, Ultrasound scan or MRI scan and a urine test?

☐ Yes ☐ No – go to next question

If “Yes”, how old were you when these investigations were last carried out?

Were the results of these investigations normal or negative?

☐ Yes ☐ No
☐ Don't know

☐ Yes ☐ No – go to next question

If “Yes”, how old were you when these investigations were last carried out?

Were the results of these investigations normal or negative?

☐ Yes ☐ No
☐ Don't know

multiple sclerosis or Parkinson's disease?

If you are applying for life cover only, you do not need to answer this question.

☐ Yes ☐ No – go to next question

☐ family history of multiple sclerosis
☐ family history of Parkinson's disease

☐ Yes ☐ No – go to next question

☐ family history of multiple sclerosis
☐ family history of Parkinson's disease

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

Age at onset of disease:

Age at onset of disease:

Age at onset of disease:

Age at onset of disease:

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Apart from anything you have already told us about in this application, is there any other condition in your family that you have been advised to have, or are having, ongoing screening or follow ups for?

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

What type of screening have you had, or been advised to have (e.g CT scan, mammogram, colonoscopy, echocardiogram)?

Have the results of your screening tests always been normal?

If you answered “No”, please provide details of the results, including any diagnosis made and treatment required.

If you answered “Yes”, “No” or “I am waiting for the results”, when was your last screening carried out?

If you answered “Yes”, “No” or “I haven’t had any screening yet”, when is your next screening or follow up due?

Life 1

☐ Yes ☐ No – go to next question

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Life 2

☐ Yes ☐ No – go to next question

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

☐ Yes ☐ No

☐ I am waiting for the results

☐ I haven’t had any screening yet

☐ Yes ☐ No

☐ I am waiting for the results

☐ I haven’t had any screening yet

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Travel

Life 1

Life 2

In the last 3 years, have you spent more than 90 consecutive days in Thailand, Russia, Ukraine or any country in the Caribbean or Africa?

If “Yes” where did you travel to?
For travel to Africa or the Caribbean, please tell us the countries or regions you travelled to.

When did you travel there?

How long did you travel there for?

What was the reason for the travel?

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

In the next 2 years, do you expect to travel outside the UK, European Economic Area (EEA), Switzerland, North America, Australia or New Zealand?

You do not need to tell us about a total of 30 days holiday each year or the reason for your travel. The European Economic Area (EEA) is the European Union (EU) plus Iceland, Liechtenstein and Norway.

If “Yes”, please provide the country, how long you intend to spend in this country each year (in weeks) and the reason for this travel.

☐ Yes ☐ No – go to next question

☐ Yes ☐ No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Activities

	Life 1	Life 2
<p>Do you take part, or intend to take part in diving, caving or potholing, climbing or mountaineering, flying or other aviation based activity (other than as aircrew or as a fare paying passenger), motor sport, or other hazardous pursuit? (You don't need to tell us about gift experiences, charity parachute jumps or try dives).</p> <p>Select all that apply.</p> <p>If you have answered "Yes" to the items marked with a * we will require additional information so please also complete a Pursuits Questionnaire. If you have answered "Yes" to the item marked with ** we will require additional information so please also complete an Aviation Questionnaire. If you do this before you complete the online application you will have an opportunity to provide this information.</p> <p>If "Yes" to "other hazardous pursuits" please provide the name of the pursuit.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> caving or potholing*</p> <p><input type="checkbox"/> climbing or mountaineering*</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> flying or other aviation based activity**</p> <p><input type="checkbox"/> horse sports*</p> <p><input type="checkbox"/> motor sport (car or bike)*</p> <p><input type="checkbox"/> sailing or yachting*</p> <p><input type="checkbox"/> water sports*</p> <p><input type="checkbox"/> winter sports*</p> <p><input type="checkbox"/> other hazardous pursuit*</p> <p></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> caving or potholing*</p> <p><input type="checkbox"/> climbing or mountaineering*</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> flying or other aviation based activity**</p> <p><input type="checkbox"/> horse sports*</p> <p><input type="checkbox"/> motor sport (car or bike)*</p> <p><input type="checkbox"/> sailing or yachting*</p> <p><input type="checkbox"/> water sports*</p> <p><input type="checkbox"/> winter sports*</p> <p><input type="checkbox"/> other hazardous pursuit*</p> <p></p>
<p>In the last 5 years have you been banned from driving?</p> <p>If "Yes", when were you banned from driving?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> Within the last year</p> <p><input type="checkbox"/> 1 to 2 years ago</p> <p><input type="checkbox"/> 2 to 3 years ago</p> <p><input type="checkbox"/> 3 to 4 years ago</p> <p><input type="checkbox"/> 4 to 5 years ago</p> <p><input type="checkbox"/> 5 years or more ago</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> Within the last year</p> <p><input type="checkbox"/> 1 to 2 years ago</p> <p><input type="checkbox"/> 2 to 3 years ago</p> <p><input type="checkbox"/> 3 to 4 years ago</p> <p><input type="checkbox"/> 4 to 5 years ago</p> <p><input type="checkbox"/> 5 years or more ago</p>
<p>Why were you banned from driving?</p> <p>If "Yes" to one of the reasons marked with an "**", please answer the following questions.</p> <p>If "Yes", has the DVLA given you your licence back?</p> <p>If "No", when do you expect to get your licence back?</p> <p>If "Yes" to "other reason", what was the reason?</p>	<p><input type="checkbox"/> drink-driving*</p> <p><input type="checkbox"/> drug-driving*</p> <p><input type="checkbox"/> speeding</p> <p><input type="checkbox"/> accumulation of penalty points (endorsements)*</p> <p><input type="checkbox"/> other reason*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p> <p></p> <p></p>	<p><input type="checkbox"/> drink-driving*</p> <p><input type="checkbox"/> drug-driving*</p> <p><input type="checkbox"/> speeding</p> <p><input type="checkbox"/> accumulation of penalty points (endorsements)*</p> <p><input type="checkbox"/> other reason*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p> <p></p> <p></p>

If you have answered “Yes” to the any of the questions where additional information is needed, please complete the appropriate additional questions below. If not, please move to the next section.

Underwriting – Other information

	Life 1	Life 2
<p>Apart from this application, have you applied to Zurich for any life insurance, critical illness cover or income protection in the last 2 years?</p> <p>If “Yes”:</p> <ul style="list-style-type: none"> – When did you last submit an application or take out a policy with us? – Have any of your previous applications or policies with Zurich been accepted with an increased premium or had an exclusion applied, or were we unable to offer cover? – Are any of your previous Zurich applications or policies currently active? Currently active means your policy is providing you with cover for which regular payments are being made. – Is this new application to replace all of your existing cover with Zurich? For Life Insurance and Critical Illness cover only: If you answered “No” to the above question, will the total held with Zurich be over £1 million Life Insurance or £500,000 Critical Illness Cover? – Do you know your previous application or policy numbers? If “Yes” – please provide them here – Are any of your previous Zurich applications to be cancelled? If “Yes”, please provide the application or policy numbers here 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Will the amount of cover you are now applying for, added to the amount you already hold with any insurance company, exceed £1million life cover or £500,000 Critical Illness cover? (You don’t need to include any other cover that you don’t intend to proceed with).</p> <p>Depending on the new cover being applied for, you may not need to provide all of this information as part of the online application.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>Existing life cover £</p> <p>Who is this with?</p> <p>Existing critical illness cover £</p> <p>Who is this with?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>Existing life cover £</p> <p>Who is this with?</p> <p>Existing critical illness cover £</p> <p>Who is this with?</p>
<p>Diabetes additional questions</p> <p>How long ago was your diabetes diagnosed?</p> <p>Since you were told you had diabetes, have you been admitted to hospital for one night or more due to your diabetes?</p> <p>Have you ever had, been advised to have or are you waiting to have laser treatment to your eyes due to diabetes?</p> <p>Have you ever been told by your GP or any medical professional that you have protein in your urine due to diabetes?</p> <p>Do you have, or have you ever had, tingling, numbness or loss of sensation in your fingers, toes or feet due to diabetes?</p> <p>What was your latest HbA1c?</p> <p>When was this taken?</p>	<p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p> <p></p>	<p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p> <p></p>
<p>Raised blood pressure additional questions</p> <p>How long ago was your blood pressure first found to be raised?</p> <p>Are you currently receiving any treatment or medication for your blood pressure?</p> <p>How long ago was your blood pressure last checked by a doctor or nurse?</p>	<p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p>	<p></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p></p>

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

	Life 1	Life 2
Have you been told by a doctor or nurse that your blood pressure is normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had or are you waiting for any hospital tests or investigations related to your raised blood pressure, such as heart investigations, kidney tests or eye screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Raised cholesterol additional questions		
Have you been told that your raised cholesterol is linked to a family history of raised cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long ago was your cholesterol first found to be raised?	<input type="text"/>	<input type="text"/>
Are you currently receiving any treatment or medication for your cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long ago was your cholesterol last checked by a doctor or nurse?	<input type="text"/>	<input type="text"/>
Have you been told by a doctor or nurse that your cholesterol is normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had or are you waiting for any hospital tests or investigations related to your raised cholesterol, such as heart investigations, kidney tests or eye screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma additional questions		
Please answer all of the questions in this section. However, not all information may be required as part of the online application.		
Have you been admitted to hospital for your asthma within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" when were you admitted?	<input type="checkbox"/> Within the last 6 months <input type="checkbox"/> 6 to 12 months ago <input type="checkbox"/> 1 to 2 years ago <input type="checkbox"/> 2 to 3 years ago <input type="checkbox"/> 3 to 5 years ago	<input type="checkbox"/> Within the last 6 months <input type="checkbox"/> 6 to 12 months ago <input type="checkbox"/> 1 to 2 years ago <input type="checkbox"/> 2 to 3 years ago <input type="checkbox"/> 3 to 5 years ago
If you were admitted within the last year please confirm which month.	<input type="text"/>	<input type="text"/>
How many times have you been prescribed steroid tablets for your asthma in the last year, e.g. prednisolone? You do not need to tell us about steroid inhalers.	<input type="checkbox"/> none <input type="checkbox"/> once <input type="checkbox"/> two times <input type="checkbox"/> more than two times	<input type="checkbox"/> none <input type="checkbox"/> once <input type="checkbox"/> two times <input type="checkbox"/> more than two times
Did you have a chest infection at the time you were prescribed steroid tablets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you have symptoms such as wheezing, breathlessness, a cough or tight chest?	<input type="checkbox"/> less than 2 days a week <input type="checkbox"/> 3 to 6 days a week <input type="checkbox"/> every day and up to 2 nights a week <input type="checkbox"/> every day and more than 2 nights a week	<input type="checkbox"/> less than 2 days a week <input type="checkbox"/> 3 to 6 days a week <input type="checkbox"/> every day and up to 2 nights a week <input type="checkbox"/> every day and more than 2 nights a week
How many days have you lost from work or been unable to carry out your normal daily activities in the last year due to your asthma?	<input type="text"/>	<input type="text"/>

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Underwriting – Additional questions (continued)

Life 1

Life 2

Mental health additional questions

When were you first diagnosed?

- ☐ Within the last 6 months
☐ 6 to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ More than 5 years ago

- ☐ Within the last 6 months
☐ 6 to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ More than 5 years ago

Are you currently taking any treatment or receiving counselling, or have you done so in the last 12 months?

☐ Yes ☐ No

☐ Yes ☐ No

How many days, in total, have you had off work or from your normal activities due to this condition in the last 12 months?

- ☐ No time off work or normal duties required
☐ 1 to 5 days
☐ 6 to 10 days
☐ 11 to 20 days
☐ more than 20 days
☐ no longer able to work

- ☐ No time off work or normal duties required
☐ 1 to 5 days
☐ 6 to 10 days
☐ 11 to 20 days
☐ more than 20 days
☐ no longer able to work

When did you last have symptoms?

- ☐ Ongoing symptoms
☐ In the last 6 months
☐ 6 to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ More than 5 years ago

- ☐ Ongoing symptoms
☐ In the last 6 months
☐ 6 to 12 months ago
☐ 1 to 2 years ago
☐ 2 to 3 years ago
☐ 3 to 4 years ago
☐ 4 to 5 years ago
☐ More than 5 years ago

Have you ever been treated as a hospital in-patient or by a psychiatrist?

- ☐ No
☐ Yes, treated as a hospital in-patient
☐ Yes, treated by a psychiatrist but not as an in-patient

- ☐ No
☐ Yes, treated as a hospital in-patient
☐ Yes, treated by a psychiatrist but not as an in-patient

If "Yes", when was this?

Have you ever planned or attempted suicide or self harmed?

- ☐ No
☐ Yes, planned suicide but not attempted
☐ Yes, attempted suicide
☐ Yes, self harmed

- ☐ No
☐ Yes, planned suicide but not attempted
☐ Yes, attempted suicide
☐ Yes, self harmed

If "Yes", when was the last time/attempt?

Please give as much information as you can about your condition including the treatment given, cause of the condition, date of last symptoms and frequency of episodes.

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Underwriting – Additional questions (continued)

Life 1
Condition 1

Life 2
Condition 1

General medical additional questions

Please provide the name of the medical condition, illness or injury.

When were you first diagnosed with this condition?

Please tell us the nature, severity and frequency of any symptoms you have had, or are having.

When were your last symptoms?

Have you had any tests or investigations for this condition?

If “Yes”, please provide full details, including the types of tests, dates and results.

Have you required any treatment for this condition?

If “Yes”, please provide full details, including type of treatment, names of medications and dates.

Are you waiting for any tests, investigations or treatment?

If “Yes”, please provide details including type of test, investigation or treatment, and the planned date.

How many days have you lost from work or been unable to carry out your normal daily activities in the past 3 years due to this condition?

When was this?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

Life 1
Condition 2

Life 2
Condition 2

General medical additional questions

Please provide the name of the medical condition, illness or injury.

When were you first diagnosed with this condition?

Please tell us the nature, severity and frequency of any symptoms you have had, or are having.

When were your last symptoms?

Have you had any tests or investigations for this condition?

If “Yes”, please provide full details, including the types of tests, dates and results.

Have you required any treatment for this condition?

If “Yes”, please provide full details, including type of treatment, names of medications and dates.

Are you waiting for any tests, investigations or treatment?

If “Yes”, please provide details including type of test, investigation or treatment, and the planned date.

How many days have you lost from work or been unable to carry out your normal daily activities in the past 3 years due to this condition?

When was this?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed ‘Answering the questions – your duty to take reasonable care’ on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

Life 1
Condition 3

Life 2
Condition 3

General medical additional questions

Please provide the name of the medical condition, illness or injury.

When were you first diagnosed with this condition?

Please tell us the nature, severity and frequency of any symptoms you have had, or are having.

When were your last symptoms?

Have you had any tests or investigations for this condition?

If “Yes”, please provide full details, including the types of tests, dates and results.

Have you required any treatment for this condition?

If “Yes”, please provide full details, including type of treatment, names of medications and dates.

Are you waiting for any tests, investigations or treatment?

If “Yes”, please provide details including type of test, investigation or treatment, and the planned date.

How many days have you lost from work or been unable to carry out your normal daily activities in the past 3 years due to this condition?

When was this?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

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If you want all of your Products to be paid from one bank account, please complete this form, then move to the next page.



If you want to use multiple bank accounts to pay for your Products, please take a copy of this page and provide the additional details on the separate form. Alternatively, you can contact us using the details on page 2.

What Policy(ies) do these payment details apply to:

All products ☐ Product 1 ☐ Product 2 ☐ Product 3 ☐ Product 4 ☐ Product 5 ☐ Product 6 ☐

Instruction to your bank or building society to pay by direct debit

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Name(s) of account holder(s)

Bank/building society account number

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

Branch sort code

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

Reference (policy number)

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

Service user number

1	7	6	1	3	8
---	---	---	---	---	---

Collection date (please enter a number from 1 to 28)

--	--

Instruction to your bank or building society

Please pay Zurich Assurance Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Zurich Assurance Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Banks and building societies may not accept direct debit instructions for some types of account

This is not part of the instruction to your bank or building society.

Bank account holder declaration

Please complete if the person paying is not the life assured on this policy. I understand Zurich may use a reference agency for identification verification and fraud checking purposes.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Bank/building society account holder

The full name and address of the bank/building society account holder should be completed if the person, organisation or company making the payments is not a life assured on this policy.

Mr	Mrs	Miss	Other Title	Surname	
Full forenames				Date of birth	
Nationality					
Address					
County				Postcode	

If a company makes the payments on this policy, please confirm the registration number:

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

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee



- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, Zurich Assurance Ltd will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Zurich Assurance Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by Zurich Assurance Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Zurich Assurance Ltd asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Zurich Assurance Ltd.

Registered in England and Wales under company number 02456671. Registered Office: Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

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Confirmation of verification of identity Corporate and other non-personal entity

When completing an application where the policyholder will be a corporate or non-personal entity you will be required to enter the following details when submitting the application online.

1. Details of client

Full name of the company

Type of entity

☐ Sole Trader ☐ Partnership ☐ Limited Liability Partnership ☐ Limited Company ☐ Charity ☐ Religious Organisation
☐ Other

Registered number (or equivalent) (not applicable to Sole Traders or Religious Organisations)

Relevant company registry or regulated market listing authority (includes Companies House, other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce) (not applicable to Sole Traders, Partnerships or Religious Organisations)

Location of business (operating address)

Postcode

Type/nature of business

Registered office (in country of incorporation) (not applicable to Sole Traders or Religious Organisations)

Postcode

VAT no. (if applicable)

2. Directors

Number of directors or relevant persons 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Please provide further details of each director/relevant person below:

Director (or equivalent) 1

Title

First name

Surname

Date of birth

Director (or equivalent) 2

Title

First name

Surname

Date of birth

Director (or equivalent) 3

Title

First name

Surname

Date of birth

Director (or equivalent) 4

Title

First name

Surname

Date of birth

Director (or equivalent) 5

Title

First name

Surname

Date of birth

Director (or equivalent) 6

Title

First name

Surname

Date of birth

3. Beneficial owners

Number of beneficial owners (over 25%). How many principal beneficial owners would you like to add?

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

If applicable, please provide further details of each principal beneficial owner below:

Principal beneficial owner 1

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Principal beneficial owner 2

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Principal beneficial owner 3

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Principal beneficial owner 4

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Principal beneficial owner 5

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

Principal beneficial owner 6

Title

First name

Surname

Date of birth

D

D

M

M

Y

Y

Y

Y

I can confirm that the customer identity details presented for the policyholder and bank account payer are true and accurate. ☐

Marketing Preferences

Can we keep in touch?

With your permission we will share your personal information with other Zurich Insurance Group companies so we can let you know about other Zurich products and offers we think will be of interest to you. We won't pass your personal information to any company that isn't part of the Zurich Group. If you are happy with this, please select your preferred option(s).

Lives assured

- Yes, by email
- Yes, by phone
- Yes, by text
- Yes, by post
- No marketing

Life 1

☐

☐

☐

☐

☐

Life 2

☐

☐

☐

☐

☐

Policyholders

- Yes, by email
- Yes, by phone
- Yes, by text
- Yes, by post
- No marketing

Individual policyholder 1

☐

☐

☐

☐

☐

Individual policyholder 2

☐

☐

☐

☐

☐

Policyholders

- Yes, by email
- Yes, by phone
- Yes, by text
- Yes, by post
- No marketing

Individual policyholder 3

☐

☐

☐

☐

☐

Individual policyholder 4

☐

☐

☐

☐

☐

Your selection isn't permanent

If you change your mind at any time, you can write to us at: Zurich Insurance Group, Unity Place, 1 Carfax Close, Swindon, SN1 1AP or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

For more information on what we do with the information you give us, please read our Privacy Statement.

Declaration (to be read out to your client)

Any application will contain the following declaration:

- I/We have answered the questions in this application, and in any additional forms completed in connection with the application, fully, honestly and accurately and the information I/we have provided in response to the questions is, to the best of my/our knowledge, complete and accurate.
- I/We will tell Zurich as soon as possible if anything I/we have told them is wrong, or changes up to the policy start date. I am/We are aware that if I/we don't tell Zurich about something that's incorrect the policy may be cancelled, or its terms may be changed, or a claim may not be accepted or paid in full. Cancelling a policy means that no cover or other benefits will be provided.

For Relevant Life policies

Please note that terminal illness cover under a Relevant Life policy will stop if the life assured is no longer employed by the employer paying the premiums, or if the policy is assigned to the life assured.

Reference number

Name of Life 1

Signature of Life 1

Date of signature

D

D

M

M

Y

Y

Y

Y

Name of Life 2

Signature of Life 2

Date of signature

D

D

M

M

Y

Y

Y

Y

Zurich Assurance Ltd

Registered in England and Wales under company number 02456671.
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