



## Life and Protection Insurance Questionnaire

Personal Details	Name 1	Name 2
Title / Surname	/	/
Forenames		
Previous / Maiden Name		
Date of Birth	/ /	/ /
Relationship / Marital Status	Married	Married
Nationality & if Full UK Resident	/ Yes	/ Yes
National Insurance Number	/ /	/ /
Current address		
Postcode:		
<b>Contact details: (please indicate preferred method of contact)</b>		
Telephone: work	<input type="checkbox"/>	<input type="checkbox"/>
Telephone: home	<input type="checkbox"/>	<input type="checkbox"/>
Mobile:	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>

Do you take part in any hazardous sports or passtimes? (e.g. parachuting / skiing / horse riding / diving)	No	No
<b>If yes, please provide more details here:</b>		
Name 1:		
Name 2:		

Employment details	Name 1	Name 2
Employment status		
Occupation / Job title		
Employer / Business name		
Business address		
Postcode:		
Time in employment / self-employed	yrs      mnths	yrs      mnths
Does your employment involve any hazardous activities? (e.g. working at heights of +30ft / long distance driving / working underwater?)	No	No
<b>If yes, please provide more details here:</b>		
Name 1:		
Name 2:		



Current protection arrangements	Name 1	Name 2
Do you have death in service cover?	No	No
If so, amount of cover		

**Details of existing mortgage protection plans (including life cover / critical illness / family income benefit etc.)**

Indicate here if none or, alternatively complete details of plans below: Name 1  Name 2

	Plan 1	Plan 2	Plan 3
Who is insured?			
Policy type			
Provider / Insurer			
Premium (monthly)			
Sum assured			
Remaining term			
If endowment, projected maturity value			

Do you want to review any of the above?	Name 1	Yes	Plans:	Name 2	Yes	Plans:

Please itemise any other existing long-term assets / investments / arrangements:	
Is there likely to be any inheritance tax issues? (estate value over £325k (single) or £650k (joint) 2015 TY)	No
Other comments:	

**Protection: priorities and preferences**

**ADMIN SECTION**

**In order for us to provide you with financial protection fitting your needs and relevant to your circumstances, we need to understand your requirements, attitudes and objectives. (Please refer to attached summary for an explanation of insurance types).**

*Please tell us your preferences and priorities*

		Name 1	Name 2
<b>Life cover</b>	In the event of your death- would you want to ensure that your debts are repaid	Yes	Yes
<b>Critical Illness</b>	In the event of a serious or critical illness- would you want to be able to continue paying your financial commitments	Yes	Yes
<b>IPP</b>	Do you want to ensure that your outgoings are maintained in the event of you being unable to work due to long term illness?	Yes	Yes
<b>FIB</b>	In the event of your death- would you want to ensure that your family are able to maintain their current standard of living?	Yes	Yes
<b>ASU</b>	Do you want to ensure that your outgoings are maintained in the event of you being unable to work due to accident, sickness or redundancy?	Yes	Yes
<b>B&amp;C Insurance</b>	Do you want to ensure that your Buildings &/or Contents are replaced in the event of a loss?	Yes	Yes
<b>Have you made a will?</b>		Yes	Yes
If not, do you wish to ensure that your estate is dispersed according to your wishes?		Yes	Yes

	Name 1	Name 2
Would you prefer – guaranteed (fixed) or reviewable (variable) premiums?	Guarenteed	Guarenteed
Would you prefer to be able to maintain policy premiums in the event of long term illness or injury	Yes	Yes
Would you prefer joint or single life policies	Single	Single
What is most important to you – quality of cover or cost of premium	Quality	Quality
Do you require any of the above policies to be put in trust (if single life)?	No	No
Are there any foreseeable changes to your circumstances?	No	No
If so, identify here:		



Protection Requirements			ADMIN SECTION		
Please provide me an estimate for the following policies*	Name 1	Name 2	Cover amount	Term required	Reason for cover
Life cover	Yes	Yes			
Critical illness	Yes	Yes			
IPP	Yes	Yes			
FIB	Yes	Yes			
ASU	Yes	Yes			
B&C insurance	Yes	Yes			
* Please note that once an estimate has been provided we will need to liaise with you regarding affordability of any policy that is put into place on your behalf.					

<b>Are you in good health?</b>	Yes	Yes
--------------------------------	-----	-----

**If no, please provide more details here:**  
 Name 1:  
 Name 2:

	Name 1	Name 2
Do you smoke? If so, how many daily?	No	No
Your height (feet and inches)		
Your weight (stone / pounds)		
Average weekly alcohol consumption (A unit of alcohol is equivalent to half a pint of beer, lager or cider, one standard glass of wine or a single measure of spirits)	units	units
<b>Have you at any time suffered from, or had, or been advised to have, any medical investigation or consultation, advice, operation or treatment for any of the following:</b>		
Heart attack, chest pain, palpitations, heart murmur, high blood pressure, high cholesterol, stroke, or any disease or abnormality of your heart, arteries or veins?	No	No
Cancer, tumour, mole or any other growth, or lump, either malignant or benign, or leukaemia or are you aware of any lump or growth for which you have not yet sought medical advice	No	No
Multiple sclerosis, optic or retrobulbar neuritis, any possible disorder of your brain or nervous system, or any disease affecting your muscles?	No	No
Diabetes, or sugar in the urine	No	No
Arthritis, rheumatism or any form of neck, back or spinal trouble?	No	No
Any form of nervous or mental disorder, or have you ever required tranquillisers or anti-depressants?	No	No
Any problem, disease or abnormality affecting your lungs, stomach, bowel, bladder, kidneys or liver?	No	No
Have you ever tested positive for HIV / AIDS or are you awaiting the results of such a test?	No	No
Any problem, disease or abnormality affecting your ears, hearing or balance, or your eyes or vision (not wholly corrected by spectacles or lenses?)	No	No
<b>If yes, please provide more details here:</b> Name 1: Name 2:		
With the exception of donating blood or routine vaccinations, have you ever had a blood test, medical investigation or counselling at a hospital or clinic for any other medical condition, illness not mentioned previously	No	No
Are you currently having any treatment for any medical or psychiatric condition not mentioned previously	No	No
<b>If yes, please provide more details here:</b> Name 1: Name 2:		



	Name 1	Name 2
Have you ever had any illness, injury or disability, not previously mentioned, which has kept you off work for a total of 2 weeks or more?	No	No
<b>If yes, please provide more details here:</b> Name 1: Name 2:		
Have any of your parents, brothers or sisters before the age of 65, died or suffered from diabetes, heart disease, a stroke, kidney disease, cancer, multiple sclerosis, ralysis, brain disorder of the nervous system or any hereditary disorder	No	No
<b>If yes, please provide more details here:</b> Name 1: Name 2:		
Are you currently receiving medication for any other medical condition?	No	No
<b>If yes, please provide more details here:</b> Name 1: Name 2:		

Doctor's Details	Name 1	Name 2
Doctor's name		
Address:		
Postcode:		
Tel:		
Time with doctor (Yrs/mnths)	yrs      mnths	yrs      mnths

Declarations			
<ul style="list-style-type: none"> <li>If my partner has not been present, I confirm that I have their permission to act and provide information on their behalf.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We confirm that I/We have received a copy of the Adviser's contact details and the firms Statement of Costs &amp; Disclosure Document.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I /We understand that any recommendations may involve a regular financial commitment. Accordingly I/we understand that I/we must be sure of my/our ability to meet that regular commitment having given consideration to all other expenditure, and the provision for any emergencies, which may require access to funds.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We hereby give the Adviser authority to act exclusively on our behalf in obtaining a suitable protection plan from whichever provider they consider most appropriate for my/our needs. This includes using the information supplied for the completion and submission of on-line forms where appropriate.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We hereby confirm that I/we fully understand that should I/we be unmarried and elect to have single life policies without putting them in trust, then there is no guarantee the monies will be paid out as I/We wish upon death.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We confirm that the information provided by me/us can be disclosed to third parties (such as other group companies, independent financial advisers, our regulators, credit reference agencies, medical practitioners and product providers) solely for the purposes relating to processing my/our protection application(s), and in providing me/us with ongoing advice and services.</li> </ul>			Yes
<ul style="list-style-type: none"> <li>I/We grant express consent that The Adviser may contact me/us by telephone or letter to arrange a review of my/our purchased arrangements and/or any other areas of financial planning.</li> </ul>			Yes
Name:		Date:	
Name:		Date:	

