

IMPORTANT INFORMATION

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# Business Assurance Questionnaire

# Business Assurance Questionnaire

Full Name

Date of Birth

Reference

Please answer all questions relevant to the Life Assured's circumstances. Please remember that failure to answer the following questions truthfully and accurately may affect the payment of benefit(s).

Please state the reason for the policy. If there is more than one reason for the policy please indicate all that apply and complete all relevant sections.

- Business Loan Protection  (complete sections A, B, E and F)  
 Key Person Protection  (complete sections A, C, E and F)  
 Director and Partnership Share Protection  (complete sections A, D, E and F)  
 Other (please specify)

(Complete section A and give full details in the 'Additional Information' section.)

## Section A To be completed for ALL applications

1 Do you have, or are you applying for, any other Life cover with Legal & General or with another insurance company?  
 This includes any Life cover provided by your employer.  
 If 'Yes' and you need more space, please use Section E Additional Information

	Yes	No		If 'Yes', please give details								
	Policy 1		Policy 2		Policy 3							
Company												
Start date												
Policy type												
Term	years		years		years							
Amount of cover	£		£		£							
Reason for cover												
Will this policy remain in force/be going ahead?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other policies to disclose?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>I</b> If 'Yes', please give the same details as above for the other policy(ies), in Section E (Additional Information) before continuing with this section												

2 Do you have, or are you applying for, any other Critical Illness cover with Legal & General or with another insurance company?  
 If 'Yes' and you need more space, please use Section E Additional Information

	Yes	No		If 'Yes', please give details								
	Policy 1		Policy 2		Policy 3							
Company												
Start date												
Policy type												
Term	years		years		years							
Amount of cover	£		£		£							
Reason for cover												
Will this policy remain in force/be going ahead?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any other policies to disclose?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>I</b> If 'Yes', please give the same details as above for the other policy(ies), in Section E (Additional Information) before continuing with this section												

3 Company or business details

Trading name	
Number of employees	
How long has the company been trading?	years      months

4 Please give turnover, gross profit and net profit (before tax) figures for the last three completed years.  
 If the business has been trading for **between one and three years**, please provide figures for all completed years.  
 If the business has been trading for **less than 1 year**, please provide projected figures.

	Turnover	Gross profit	Net profit (before tax)
<b>Most recent year</b>	£	£	£
<b>Last year</b>	£	£	£
<b>Previous year</b>	£	£	£
<b>Projected figures</b>	£	£	£



11 What is the total salary payroll of the company?	£ <input style="width: 90%;" type="text"/>				
12 What type of work are you engaged in?	<input style="width: 100%; height: 40px;" type="text"/>				
13 Why does the company need the sum assured on you?	<input style="width: 100%; height: 40px;" type="text"/>				
14 What effect would your loss have on the business?	<input style="width: 100%; height: 40px;" type="text"/>				
15 Is the company taking out any other key person policies, on you or any other key person, or are there any other policies already in force, with another insurance company <b>and/or</b> Legal & General?  If 'Yes', please give full details including Sum Assured, contract types and provider(s) names If you need more space, please use Section E Additional Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table> <p style="margin-top: 5px;">If 'Yes', please give full details:</p> <input style="width: 100%; height: 80px;" type="text"/>	Yes		No	
Yes		No			
16 What proportion of the company's net profit can fairly be attributed to you?	<input style="width: 90%;" type="text"/> %				
17 What portion, if any, of the benefit will be passed on to you?	<input style="width: 90%;" type="text"/> %				
18 What is your notice period (in weeks)?	<input style="width: 90%;" type="text"/> weeks				

## Section D To be completed for Director or Partnership Share Protection

### Director Share/Partner Share Protection

19 What is the total value of the company and how has this value been calculated?  Please include full details of the calculations, for example Price Earnings (PE) ratios, asset values taken into account	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">£</td> <td style="width: 80%;"><input style="width: 98%;" type="text"/></td> </tr> <tr> <td>Calculations</td> <td><input style="width: 98%; height: 50px;" type="text"/></td> </tr> </table>	£	<input style="width: 98%;" type="text"/>	Calculations	<input style="width: 98%; height: 50px;" type="text"/>
£	<input style="width: 98%;" type="text"/>				
Calculations	<input style="width: 98%; height: 50px;" type="text"/>				
20 Are any policies being taken out on other shareholders or partners, with Legal & General or another insurance company?  If 'Yes', please provide details of all applications and state if any of these are with Legal & General If you need more space, please use Section E Additional Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table> <p style="margin-top: 5px;">If 'Yes', please give details:</p> <input style="width: 100%; height: 60px;" type="text"/>	Yes		No	
Yes		No			
21 Is there a double (cross) option agreement, or similar, in place?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table> <p style="margin-top: 5px;">If 'No', please give full details, and continue to Section E.</p> <input style="width: 100%; height: 40px;" type="text"/>	Yes		No	
Yes		No			
22 Does the agreement specify the outcome in the event of a critical illness?  Only applicable if you have answered 'Yes' to question 21.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%;"></td> </tr> </table> <p style="margin-top: 5px;">If 'No', please tell us why:</p> <input style="width: 100%; height: 30px;" type="text"/>	Yes		No	
Yes		No			

## Section E Additional Information

Please use the space below to provide us with any additional information you may feel be relevant to this application.

## Section F Declaration

I declare that the answers I have given are, to the best of my knowledge true and that I have not withheld any material information that may influence the assessment or acceptance of my application(s). I agree that this questionnaire will constitute part of my application for life, critical illness, income replacement or disability insurance

and that failure to disclose any material fact known to me may result in a claim being declined and the policy cancelled.

I agree to inform the company in writing of any change in my circumstances between the date of the application and the issue of the policy contract.

### Signature of the live to be assured

Life to be assured

Date

/ /

### Third party signature (eg accountant, solicitor, bank manager etc)

For certain applications the information given in this form needs to be confirmed by an independent third party. These are usually professional people who know the applicant(s) financial affairs but are unrelated to the sale, e.g. solicitor, accountant, bank manager etc. Please see the covering letter which will advise if a third party signature is required in this instance.

I declare that the information supplied in this form is, to the best of my knowledge, true and complete.

Signature

Date

/ /

Please print your name

### Occupation and qualifications

### Address

