

# OLP Connect

## Data Application Form and Additional Questionnaires

- > Family Protection
- > Mortgage Protection
- > Business Protection

Welcome to Legal & General.

Please answer all questions in this form to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer truthfully and accurately, it will very likely mean that a claim will be declined and your policy may be cancelled.

See overleaf for some brief notes that will help you with your application. Thank you.

**For adviser use only**

Full name of firm	
Principal FSA Firm Reg. No.	Appointed Representative FSA Firm Reg. No. (if applicable)
FSA Individual Reg. No.	Legal & General Agency No.
Name of Representative	
Signature / Date	
Your reference	

Please remind your client of the importance of answering questions truthfully and accurately



## Notes to help you with your application

This form is for your Financial Adviser to gather the details required to generate a quote and then submit an application for a Legal & General Protection policy, using our online application system or by posting it to us.

It is divided into two main sections:

- Section A: [Client and product details](#)
- Section B: [Full application details \(to be completed by you – the ‘Client\(s\)’ whose life, or lives, will be assured\)](#)

### Tips for completing this application form

#### Please be aware of the following:

- You must use black ink and write in block capitals throughout.
- **Blue** parts **must be completed**.
- **Green** parts are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- Both columns must be completed **for joint life plans**, unless instructed otherwise, but each Client must complete their own details.
- Look out for the **!** symbol, which highlights **important guidance notes or instructions** throughout the form.
- **If your Financial Adviser is going to complete this form on your behalf** using the information you have provided, you must read all of the questions and answers carefully before signing the Client Declaration at the end. Your Financial Adviser is acting on your behalf in this respect.

#### To help you complete this application you will need:

- Information relating to existing or previous life insurance.
- Details of medication or treatment that you are currently having.
- Your doctor’s practice name and address (including their postcode).
- Your bank account details.

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Please be aware of the following points before proceeding with this application:

### Why it’s important that you give us the right information

**You must tell Legal & General everything they ask for** as all material facts are taken into account when assessing acceptance of the application and in calculating the premium. **Please remember that if you do not answer the following questions truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled. If you are not sure if any information is relevant, please disclose it anyway.** If you have provided the information in the past please disclose it again.

Legal & General will try to rely on the information that you tell them and you must not assume that they will always clarify that information with your doctor (GP). However, Legal & General may, as part of their administrative procedures, request a report from your doctor (GP) to check medical disclosures.

If any of your answers change **AFTER** you have completed the questions in this application form, but **BEFORE** your policy starts (see section opposite) you must tell Legal & General immediately. This is just as important as giving full, accurate and truthful answers in the first place.

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### How we safeguard the information you give us

#### Confidentiality

Legal & General follow a strict confidentiality code about all medical information you give them, or which they get from any additional medical report. This means that your medical information is held securely and access is limited to authorised individuals who need to see it.

A copy of the confidentiality policy is available on request.

### The information you give Legal & General

They will only use the information given in this form, or in any additional medical report, for the purposes of underwriting, processing and administering the policy or policies requested, or any subsequent policy(ies) and for statistical analysis. Legal & General will keep the information for the duration of any policy issued and for a period after the policy has ceased. They may also use the information in processing any claim under the policy or policies. If the application does not go ahead, the information will only be held for a limited period of time from the date of cancellation.

### Your personal and medical information

Legal & General will not pass any personal or medical information to a third party without your consent. This will only be necessary in the following circumstances:

- If Legal & General ask you to attend a medical screening or they need to get a report from your doctor.
- If Legal & General need to send your personal and medical information to their reinsurer for its opinion or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purpose of administering your policy. This will only be in accordance with Legal & General's reinsurance business principles, details of which are available on request.
- If you ask Legal & General to send your medical information to another insurance provider to whom you are applying, or that provider asks Legal & General for your medical information.
- If Legal & General need to share information, at the time of a claim, with other insurance companies to prevent fraudulent claims. This would be via a Register of Claims and a list of participants is available on request.

If you would prefer, **you may complete the medical questions in private** and return the answers in a sealed envelope directly to the Chief Medical Officer at Legal & General Assurance Society Limited, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB.

### Confirming your identity

To protect the client and Legal & General from financial crime, Legal & General may need to confirm the client's identity. Legal & General may do this using reference agencies to search sources of information about the client (an identity search). This will not affect the client's credit rating. If this identity search fails, Legal & General may need to ask the client for documents to confirm the client's identity.

Please be aware of the following information

### When your policy starts

The benefits provided by the policy or policies will not start until Legal & General have assessed and accepted your application, you have agreed to any revised premium or revised policy conditions, the chosen start date has been reached and the first premium has been paid.

### Complaints procedure

Legal & General have a formal complaints procedure and details will be given to you when you receive your policy documentation.

### Checking your details

Legal & General will post a **Checking Your Details pack** to each life assured reiterating the application details submitted to them, and asking for any errors or omissions to be notified to them. For joint life applications, each life assured will only be sent the medical details applicable to him or her. **Failure to notify Legal & General of any errors or omissions may mean that a claim under the policy or policies may not be paid.**

**The Contract will be governed by the law of England and Wales.**

## SECTION A Client and product details

### Initial Client details

	Client one	Client two																		
<b>a. Full name and title</b> Please ensure you give all of your middle names	Mr, Mrs, Miss, Ms, Dr, Rev, Other Forename(s) and middle name(s) in full Surname	Mr, Mrs, Miss, Ms, Dr, Rev, Other Forename(s) and middle name(s) in full Surname																		
<b>b. Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>																		
<b>c. Date of birth</b> In dd/mm/yyyy format	d d m m y y y y	d d m m y y y y																		
<b>d. Have you used cigarettes, cigars, pipes, or nicotine replacements in the last 12 months – including occasional use?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> A simple medical test may be required to check the validity of the answer to this question	Yes <input type="checkbox"/> No <input type="checkbox"/>																		
<b>e. Employment status</b>	<table border="1"> <tr> <td>Full time employee</td> <td>Part time employee</td> <td>Contract worker</td> </tr> <tr> <td>Self employed</td> <td>Retired</td> <td>Student</td> </tr> <tr> <td>Unemployed</td> <td>Houseperson</td> <td></td> </tr> </table>	Full time employee	Part time employee	Contract worker	Self employed	Retired	Student	Unemployed	Houseperson		<table border="1"> <tr> <td>Full time employee</td> <td>Part time employee</td> <td>Contract worker</td> </tr> <tr> <td>Self employed</td> <td>Retired</td> <td>Student</td> </tr> <tr> <td>Unemployed</td> <td>Houseperson</td> <td></td> </tr> </table>	Full time employee	Part time employee	Contract worker	Self employed	Retired	Student	Unemployed	Houseperson	
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Unemployed	Houseperson																			
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Unemployed	Houseperson																			

### Occupation details **!** Only applicable for Income Protection Benefit or products that include Critical Illness Cover. You don't need to answer this question if you are a Houseperson, retired, a student or unemployed

	Client one	Client two																								
<b>a. Please indicate your occupation type, for your main occupation, from the categories listed opposite.</b> • If your occupation doesn't fit into one of these categories, tick 'Another category' Where examples are shown, they are not intended to be a complete list	<table border="1"> <tr> <td>Working in an office-type environment for at least 75% of your typical working day</td> <td></td> </tr> <tr> <td>Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)</td> <td></td> </tr> <tr> <td>Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff</td> <td></td> </tr> <tr> <td>Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker</td> <td></td> </tr> <tr> <td>Healthcare – for example, nursing, medical, surgical, carer</td> <td></td> </tr> <tr> <td>Another category (including market traders)</td> <td></td> </tr> </table>	Working in an office-type environment for at least 75% of your typical working day		Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)		Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff		Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker		Healthcare – for example, nursing, medical, surgical, carer		Another category (including market traders)		<table border="1"> <tr> <td>Working in an office-type environment for at least 75% of your typical working day</td> <td></td> </tr> <tr> <td>Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)</td> <td></td> </tr> <tr> <td>Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff</td> <td></td> </tr> <tr> <td>Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker</td> <td></td> </tr> <tr> <td>Healthcare – for example, nursing, medical, surgical, carer</td> <td></td> </tr> <tr> <td>Another category (including market traders)</td> <td></td> </tr> </table>	Working in an office-type environment for at least 75% of your typical working day		Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)		Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff		Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker		Healthcare – for example, nursing, medical, surgical, carer		Another category (including market traders)	
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The occupation class is to be completed by your financial adviser.

\* If more than one job, please complete for main job only

**Adviser Declaration** For Adviser use only

We do not require you to provide proof of identification for clients or 3rd party payers, as we will complete our own checks.

All intermediaries should maintain processes to prevent them from being used to further financial crime, and Legal & General's requirements do not prevent them from collecting client verification for their own purposes.

**Basis of Advice Declaration**

To meet FSA Regulatory Reporting Requirements, Legal & General must record whether advice was given to your client(s) regarding this sale. Please select the relevant answer below.

Was advice given? 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## SECTION A Client and product details

**Please note:**

- **Term Assurance** is Legal & General's product name for life cover.
- **CIC** stands for Critical Illness Cover throughout this application.
- **Start date.** If this plan replaces another, please consider the collection date of your existing plan, to reduce the possibility of double cover.

### Family Protection products

Please indicate which Family Protection product(s) are required – if you require more than two of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.

Client(s) Select one option only (per column)	Term Assurance with optional CIC*	Term Assurance with optional CIC*	Family and Personal Income Plan	Family and Personal Income Plan
	Client 1 (single life)	Client 1 (single life)	Client 1 (single life)	Client 1 (single life)
	Client 2 (single life)	Client 2 (single life)	Client 2 (single life)	Client 2 (single life)
	Joint life	Joint life	Joint life	Joint life
Total Sum Assured /monthly benefit <b>or</b> monthly premium	Total Sum Assured: £	Total Sum Assured: £	Total Sum Assured: £	Total Sum Assured: £
	<b>OR</b>	<b>OR</b>	<b>OR</b>	<b>OR</b>
	£	£	£	£
Premium frequency	Monthly	Monthly	Monthly	Monthly
	Annually	Annually	Annually	Annually
Term in years	_____ years	_____ years	_____ years	_____ years
<b>Options:</b> Indexation option <b>Not</b> available if you require 'Term Assurance with CIC' or 'conversion' option	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Waiver of premium benefit	None	None	None	None
	Client 1 only	Client 1 only	Client 1 only	Client 1 only
	Client 2 only	Client 2 only	Client 2 only	Client 2 only
	Joint	Joint	Joint	Joint
Plan type Select one option only (per column)	Term Assurance <b>only</b>	Term Assurance <b>only</b>	Term Assurance <b>only</b>	Term Assurance <b>only</b>
	Term Assurance with CIC	Term Assurance with CIC	Term Assurance with CIC	Term Assurance with CIC
	Critical Illness Cover	Critical Illness Cover	Critical Illness Cover	Critical Illness Cover
Conversion option <b>Not</b> available if 'Term Assurance with CIC' or 'indexation' option is selected	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A
Total and Permanent Disability (TPD) definition <b>Only</b> applicable if selected plan includes CIC	Own occupation	Own occupation	Own occupation	Own occupation
	Functional Assessment Test	Functional Assessment Test	Functional Assessment Test	Functional Assessment Test
Guaranteed or Reviewable Premiums A choice is only available if 'Term Assurance with CIC' is selected	Guaranteed Premiums	Guaranteed Premiums	Guaranteed Premiums	Guaranteed Premiums
	Reviewable Premiums	Reviewable Premiums	Reviewable Premiums	Reviewable Premiums
Plan start date Give full date in dd/mm/yyyy if known, otherwise tick 'Unknown'	dd mm yyyy	dd mm yyyy	dd mm yyyy	dd mm yyyy
	Unknown	Unknown	Unknown	Unknown

## Family Protection products continued

Please indicate which Family Protection product(s) are required – if you require more than two of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.

Critical Illness Cover		Critical Illness Cover		Client(s) Select one option only (per column)	Income Protection Benefit		Income Protection Benefit			
Client 1 (single life)		Client 1 (single life)			Client 1	Client 2	Client 1	Client 2		
Client 2 (single life)		Client 2 (single life)								
Joint life		Joint life								
Total Sum Assured: £		Total Sum Assured: £		Premium frequency	Monthly		Monthly			
OR		OR			Annually		Annually			
£		£		Premium	£		£			
Monthly		Monthly		Annual earnings*	£		£			
Annually		Annually		Do you work more than 16 hours per week? If 'No', your occupation will be classed as a 'Houseperson'.	Yes	No	Yes	No		
	years		years	Options Type of cover	Standard		Standard			
N/A		N/A			Low cost		Low cost			
None		None		Do you require stepped benefits? If yes, please complete the stage 1 and stage 2 monthly benefit and deferred period questions. The stage 2 deferred period must be later than the stage 1 deferred period. If 'No', please complete the stage 1 monthly benefit and deferred period questions only.	Yes	No	Yes	No		
Client 1 only		Client 1 only			Stage 1 monthly benefit: £		Stage 1 monthly benefit: £			
Client 2 only		Client 2 only			Stage 1 deferred period:		Stage 1 deferred period:			
Joint		Joint			4 weeks		4 weeks			
N/A		N/A			13 weeks		13 weeks			
					26 weeks		26 weeks			
					52 weeks		52 weeks			
					Stage 2 monthly benefit: £		Stage 2 monthly benefit: £			
					Stage 2 deferred period:		Stage 2 deferred period:			
					13 weeks		13 weeks			
					26 weeks		26 weeks			
					52 weeks		52 weeks			
				Age at expiry						
Own occupation		Own occupation		Permanent and Total Incapacity benefit	Yes	No	Yes	No		
Functional Assessment Test		Functional Assessment Test								
Reviewable Premiums only		Reviewable Premiums only		Indexation	Yes	No	Yes	No		
				Start date Give full date dd/mm/yyyy if known, other tick 'Unknown'	dd	mm	yyyy	dd	mm	yyyy
					Unknown		Unknown			
Unknown		Unknown								

\*Earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your p11d benefits. Please refer to your key features document for full information.

## SECTION A Client and product details

**Please note:**

- **Term Assurance** is Legal & General's product name for life cover.
- **CIC** stands for Critical Illness Cover throughout this application.
- **Start date.** If this plan replaces another, please consider the collection date of your existing plan, to reduce the possibility of double cover.

### Mortgage Protection products

Please indicate which Mortgage Protection product(s) are required – **if you require more than two of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.**

Client(s) Select one option only (per column)	Term Assurance <i>with optional CIC*</i>	Term Assurance <i>with optional CIC*</i>	Critical Illness Cover	Critical Illness Cover
	Client 1 (single life)	Client 1 (single life)	Client 1 (single life)	Client 1 (single life)
	Client 2 (single life)	Client 2 (single life)	Client 2 (single life)	Client 2 (single life)
	Joint life	Joint life	Joint life	Joint life
Total Sum Assured or monthly premium	Total Sum Assured: £	Total Sum Assured: £	Total Sum Assured: £	Total Sum Assured: £
	<b>OR</b>	<b>OR</b>	<b>OR</b>	<b>OR</b>
	£	£	£	£
Premium frequency	Monthly	Monthly	Monthly	Monthly
	Annually	Annually	Annually	Annually
Term in years	_____ years	_____ years	_____ years	_____ years
<b>Options:</b> Cover type	Level	Level	Level	Level
	Decreasing	Decreasing	Decreasing	Decreasing
Policy interest rate <i>Only applicable if decreasing cover is selected</i>	_____ %	_____ %	_____ %	_____ %
Indexation option <i>Not available if you require 'decreasing' cover, 'conversion' option or 'Term Assurance with CIC'</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A
Waiver of premium benefit	None	None	None	None
	Client 1 only	Client 1 only	Client 1 only	Client 1 only
	Client 2 only	Client 2 only	Client 2 only	Client 2 only
	Joint	Joint	Joint	Joint
Plan type <i>Select one option only (per column)</i>	Term Assurance <b>only</b>	Term Assurance <b>only</b>	N/A	N/A
	Term Assurance <b>with CIC</b>	Term Assurance <b>with CIC</b>		
Conversion option <i>Not available if 'Term Assurance with CIC', 'decreasing' cover or 'indexation' option is selected</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	N/A
Total and Permanent Disability (TPD) definition <i>Only applicable if selected plan includes Critical Illness Cover</i>	Own occupation	Own occupation	Own occupation	Own occupation
	Functional Assessment Test	Functional Assessment Test	Functional Assessment Test	Functional Assessment Test
Guaranteed or Reviewable Premiums <i>A choice is only available if 'Term Assurance with CIC' is selected</i>	Guaranteed Premiums	Guaranteed Premiums	Reviewable Premiums only	Reviewable Premiums only
	Reviewable Premiums	Reviewable Premiums		
Plan start date <i>Give full date in dd/mm/yyyy if known, otherwise tick 'Unknown'</i>	dd mm yyyy	dd mm yyyy	dd mm yyyy	dd mm yyyy
	Unknown	Unknown	Unknown	Unknown

## Mortgage Protection products

Please indicate which Mortgage Protection product(s) are required – if you require more than two of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.

	Income Protection Benefit				Income Protection Benefit			
Client(s) <i>Select one option only (per column)</i>	Client 1		Client 2		Client 1		Client 2	
Premium frequency	Monthly		Annually		Monthly		Annually	
Premium	£				£			
Annual earnings* <i>*Earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your p11d benefits. Please refer to your key features document for full information.</i>	£				£			
Do you work more than 16 hours per week? <i>If 'No', your occupation will be classed as a 'Houseperson'.</i>	Yes		No		Yes		No	
Options <i>Type of cover</i>	Standard		Low cost		Standard		Low cost	
Do you require stepped benefits? <i>If yes, please complete the stage 1 and stage 2 monthly benefit and deferred period questions. The stage 2 deferred period must be later than the stage 1 deferred period. If 'No', please complete the stage 1 monthly benefit and deferred period questions only.</i>	Yes		No		Yes		No	
	Stage 1 monthly benefit: £		Stage 2 monthly benefit: £		Stage 1 monthly benefit: £		Stage 2 monthly benefit: £	
	Stage 1 deferred period:		Stage 2 deferred period:		Stage 1 deferred period:		Stage 2 deferred period:	
	4 weeks				4 weeks			
	13 weeks		13 weeks		13 weeks		13 weeks	
	26 weeks		26 weeks		26 weeks		26 weeks	
	52 weeks		52 weeks		52 weeks		52 weeks	
Age at expiry								
Permanent and Total Incapacity benefit	Yes		No		Yes		No	
Indexation	Yes		No		Yes		No	
Start date <i>Give full date dd/mm/yyyy if known, other tick 'Unknown'</i>	d d	m m	y y y y	Unknown	d d	m m	y y y y	Unknown

## SECTION A Client and product details

**Please note:**

- **Term Assurance** is Legal & General's product name for life cover.
- **CIC** stands for Critical Illness Cover throughout this application.
- **This form can only be used in relation to one business.** However, you can apply for multiple products in relation to that business if you require different types of protection (for example Key Person Protection, Business Loan Protection).
- **Start date.** If this plan replaces another, please consider the collection date of your existing plan, to reduce the possibility of double cover.

### Business Protection products

Please indicate which Business Protection product(s) are required – if you require more than two of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.

	Term Assurance with optional CIC*				Term Assurance with optional CIC*																											
Client(s) Select one option only (per column)	<table border="1"> <tr><td>Client 1 (single life)</td><td></td><td></td><td></td></tr> <tr><td>Client 2 (single life)</td><td></td><td></td><td></td></tr> <tr><td>Joint life</td><td></td><td></td><td></td></tr> </table>				Client 1 (single life)				Client 2 (single life)				Joint life				<table border="1"> <tr><td>Client 1 (single life)</td><td></td><td></td><td></td></tr> <tr><td>Client 2 (single life)</td><td></td><td></td><td></td></tr> <tr><td>Joint life</td><td></td><td></td><td></td></tr> </table>				Client 1 (single life)				Client 2 (single life)				Joint life			
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Total Sum Assured; or monthly premium	<table border="1"> <tr> <td>Total Sum Assured: £</td> <td></td> <td>OR</td> <td>Monthly premium: £</td> <td></td> </tr> </table>				Total Sum Assured: £		OR	Monthly premium: £		<table border="1"> <tr> <td>Total Sum Assured: £</td> <td></td> <td>OR</td> <td>Monthly premium: £</td> <td></td> </tr> </table>				Total Sum Assured: £		OR	Monthly premium: £															
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Premium frequency	<table border="1"> <tr> <td>Monthly</td> <td></td> <td>Annually</td> <td></td> <td></td> </tr> </table>				Monthly		Annually			<table border="1"> <tr> <td>Monthly</td> <td></td> <td>Annually</td> <td></td> <td></td> </tr> </table>				Monthly		Annually																
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Reason for Business Protection* Select one option only (per column)	<table border="1"> <tr> <td>Director Share Protection</td> <td></td> <td>Key Person Protection</td> <td></td> </tr> <tr> <td>Business Loan Protection</td> <td></td> <td>Partner Share Protection</td> <td></td> </tr> </table>				Director Share Protection		Key Person Protection		Business Loan Protection		Partner Share Protection		<table border="1"> <tr> <td>Director Share Protection</td> <td></td> <td>Key Person Protection</td> <td></td> </tr> <tr> <td>Business Loan Protection</td> <td></td> <td>Partner Share Protection</td> <td></td> </tr> </table>				Director Share Protection		Key Person Protection		Business Loan Protection		Partner Share Protection									
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<b>Options:</b> Cover type Only applicable if 'Business Loan Protection' is selected	<table border="1"> <tr> <td>Level</td> <td></td> <td>Decreasing</td> <td></td> </tr> </table>				Level		Decreasing		<table border="1"> <tr> <td>Level</td> <td></td> <td>Decreasing</td> <td></td> </tr> </table>				Level		Decreasing																	
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Policy interest rate Only applicable if decreasing cover is selected	<table border="1"> <tr><td>_____ %</td></tr> </table>				_____ %	<table border="1"> <tr><td>_____ %</td></tr> </table>				_____ %																						
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Waiver of premium benefit	<table border="1"> <tr> <td>None</td> <td></td> <td>Client 1 only</td> <td></td> </tr> <tr> <td>Client 2 only</td> <td></td> <td>Joint</td> <td></td> </tr> </table>				None		Client 1 only		Client 2 only		Joint		<table border="1"> <tr> <td>None</td> <td></td> <td>Client 1 only</td> <td></td> </tr> <tr> <td>Client 2 only</td> <td></td> <td>Joint</td> <td></td> </tr> </table>				None		Client 1 only		Client 2 only		Joint									
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Total and Permanent Disability (TPD) definition	<table border="1"> <tr> <td>Own occupation</td> <td></td> <td>Functional Assessment Test</td> <td></td> </tr> </table> <p>Only applicable if 'Term Assurance with Critical Illness Cover' is selected</p>				Own occupation		Functional Assessment Test		<table border="1"> <tr> <td>Own occupation</td> <td></td> <td>Functional Assessment Test</td> <td></td> </tr> </table> <p>Only applicable if 'Term Assurance with Critical Illness Cover' is selected</p>				Own occupation		Functional Assessment Test																	
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Payment of Sum Assured Not applicable if 'Business Loan Protection' is selected	<table border="1"> <tr> <td>2 year instalments</td> <td></td> <td>3 year instalments</td> <td></td> </tr> <tr> <td>5 year instalments</td> <td></td> <td>Lump sum payment</td> <td></td> </tr> </table>				2 year instalments		3 year instalments		5 year instalments		Lump sum payment		<table border="1"> <tr> <td>2 year instalments</td> <td></td> <td>3 year instalments</td> <td></td> </tr> <tr> <td>5 year instalments</td> <td></td> <td>Lump sum payment</td> <td></td> </tr> </table>				2 year instalments		3 year instalments		5 year instalments		Lump sum payment									
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5 year instalments		Lump sum payment																														
Plan start date Give full date in dd/mm/yyyy if known, otherwise tick 'Unknown'	<table border="1"> <tr> <td>d d m m y y y y</td> <td></td> <td>Unknown</td> <td></td> </tr> </table>				d d m m y y y y		Unknown		<table border="1"> <tr> <td>d d m m y y y y</td> <td></td> <td>Unknown</td> <td></td> </tr> </table>				d d m m y y y y		Unknown																	
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d d m m y y y y		Unknown																														

# SECTION B Full application details

## PART 1 About you and your occupation

### 1 Marital status

Please choose one option only.

If you are single, divorced or separated, but living with your fiancé(e) or partner, please select 'Co-habiting'

#### Client one

Single	Married	Co-habiting*
Separated	Divorced	Widowed
Registered Civil Partner	Surviving Registered Civil Partner	
Dissolved Registered Civil Partner		

#### Client two

Single	Married	Co-habiting*
Separated	Divorced	Widowed
Registered Civil Partner	Surviving Registered Civil Partner	
Dissolved Registered Civil Partner		

\* If you are sharing a property with someone whose only relationship to you is as a business or mortgage partner, then do not select 'Co-habiting', but select one of the other options

### 2 What is your contact address, including postcode?

Please check that you have filled in your postcode as this is essential for processing the application more quickly

Postcode

As Client 1	
Postcode	

### 3 What is your home address, including postcode, if different from the contact address provided above?

Please check that you have filled in your postcode

Postcode

As Client 1	
Postcode	

### 4 What are your contact details?

Please ensure that you complete all details

Work phone
Home phone
Mobile phone
Email address

Work phone
Home phone
Mobile phone
Email address

### 5 It may be necessary for us to contact you to discuss your application, which might include discussing matters of a sensitive nature. Are you happy for us to telephone you in this event?

Please note, we may record and monitor calls

Yes	No
-----	----

If 'Yes', which number and time is most suitable?

Work phone	Home phone	Mobile phone
Mon-Fri 9am-11am	Mon-Fri 11am-2pm	Mon-Fri 2pm-4pm
Mon-Fri 4pm-6pm	Mon-Fri 6pm-8pm	

Yes	No
-----	----

If 'Yes', which number and time is most suitable?

Work phone	Home phone	Mobile phone
Mon-Fri 9am-11am	Mon-Fri 11am-2pm	Mon-Fri 2pm-4pm
Mon-Fri 4pm-6pm	Mon-Fri 6pm-8pm	

➔ If you are a Houseperson, retired, a student or unemployed, please now go straight to question 8. Otherwise, please continue with question 6.

### 6 How many business miles do you drive on average each year?

Please ignore travel to and from your usual place of work. Only applicable if you are applying for Income Protection Benefit with an occupation class 1 or 2.

Miles
-------

Miles
-------

**PART 1** About you and your occupation *continued*

- 7 Does your job, or jobs if you have more than one, involve work in any of the occupations or environments listed opposite?  
If 'Yes', please tick all that apply  
If 'No', please tick 'None of the above'

**Client one**

Outside at heights of over 12 metres (40 ft) for more than 10% of the time	
The Armed Forces	
The offshore fishing industry	
The offshore oil or gas production industry	
As a full time barman, barmaid or landlord in a public house <i>Full time means working an average of 30 or more hours a week</i>	
Underwater	
Underground, for example mining, tunnelling	
With explosives	
As a sports professional	
None of the above	

**Client two**

Outside at heights of over 12 metres (40 ft) for more than 10% of the time	
The Armed Forces	
The offshore fishing industry	
The offshore oil or gas production industry	
As a full time barman, barmaid or landlord in a public house <i>Full time means working an average of 30 or more hours a week</i>	
Underwater	
Underground, for example mining, tunnelling	
With explosives	
As a sports professional	
None of the above	

Please also tell us your job title if you haven't told us already in this form and you have ticked one of the occupations in this question

Job title\*

Job title\*

\* If you have more than one job, please give your main job title only

- 8 Is the total cover with Legal & General on your life greater than £800,000 for Life cover or £500,000 for Critical Illness cover?

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

'Total cover with Legal & General' includes:  
– all products in this application; and  
– any existing policies, including any that are being replaced

- !** If you have answered 'Yes' to question 8, please complete the following questionnaire(s), as applicable, BEFORE continuing with question 9:  
– Personal Assurance Questionnaire (Part 4), if you're applying for Family Protection or Mortgage Protection; and/or  
– Business Assurance Questionnaire (Part 5), if you're applying for Business Protection.

- 9 Have you taken out any Life or Critical Illness cover or Income Protection Benefit with ANOTHER insurer in the last 12 months? (Please ignore quotes from other insurers or any application that you didn't proceed with)

Yes		No	
-----	--	----	--

If 'Yes', why are you completing this current application?

To replace the other application or policy	
For comparison purposes only	For other purposes

If 'For other purposes', what is the amount of cover in total under the other application(s)?  
*If none, please enter '0'*

Life Cover	£
Critical Illness Cover	£
Income Protection Benefit (monthly amount)	£

Yes		No	
-----	--	----	--

If 'Yes', why are you completing this current application?

To replace the other application or policy	
For comparison purposes only	For other purposes

If 'For other purposes', what is the amount of cover in total under the other application(s)?  
*If none, please enter '0'*

Life Cover	£
Critical Illness Cover	£
Income Protection Benefit (monthly amount)	£

- 10 In the last 5 years have you lived, worked or travelled OUTSIDE the UK? (Please ignore the following: holidays for up to 1 month; business trips up to 1 week, provided they will not total more than 12 weeks in a year)  
*In this context, UK includes England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands*

Yes		No	
-----	--	----	--

If 'Yes', please give the following details:

Which country?	
In total, how long were you there?	years months
How long ago was your last visit?	years months
Do you have any other country(ies) to disclose?	Yes No

**!** If 'Yes', please give the same details as above, for the other country(ies), in Part 9 (Additional Information) before continuing with this section

Yes		No	
-----	--	----	--

If 'Yes', please give the following details:

Which country?	
In total, how long were you there?	years months
How long ago was your last visit?	years months
Do you have any other country(ies) to disclose?	Yes No

**!** If 'Yes', please give the same details as above, for the other country(ies), in Part 9 (Additional Information) before continuing with this section

## PART 1 About you and your occupation *continued*

- 11 During the next 2 years, do you intend to live, work or travel **OUTSIDE** the UK?

(Please ignore the following: holidays for up to 1 month; business trips up to 1 week, provided they will not total more than 12 weeks in a year; any service as a member of the Armed Forces)

In this context, UK includes England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands

### Client one

Yes	No
-----	----

If 'Yes', please give the following details:

Do you plan to leave the UK permanently?	Yes	No
If 'Yes', please advise when you intend to go and where you will live		
If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?		
	Yes	No
How long do you plan to be outside the UK in the next 2 years?	Weeks	Days
Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:		

### Client two

Yes	No
-----	----

If 'Yes', please give the following details:

Do you plan to leave the UK permanently?	Yes	No
If 'Yes', please advise when you intend to go and where you will live		
If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?		
	Yes	No
How long do you plan to be outside the UK in the next 2 years?	Weeks	Days
Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:		

- 12 If you regularly take part in any of the activities listed opposite, or you intend to do so within the next 6 months, please tick all that apply.

If **none** of these apply, please tick 'None of the above'.

#### You can ignore:

- one-off bungee jumps and parachute jumps;
- single or double handed sailing in coastal waters or inland lakes or reservoirs, with no organised competitions;
- scuba diving in lakes, rivers, quarries, pits or coastal waters on holiday or for leisure purposes not exceeding 20 dives each year.

Where examples are shown, they are not intended to be a complete list

Caving or Potholing	
Flying (other than as a fare-paying passenger or cabin crew)*	
Hang gliding	
Motor car sport**	Motorcycle sport**
Mountaineering or Rock climbing	
Parachuting or Sky diving	Powerboat racing
Sailing	Underwater diving
Any Extreme sport, for example bungee or BASE jumping, canyoning, white water rafting	
None of the above	

Caving or Potholing	
Flying (other than as a fare-paying passenger or cabin crew)*	
Hang gliding	
Motor car sport**	Motorcycle sport**
Mountaineering or Rock climbing	
Parachuting or Sky diving	Powerboat racing
Sailing	Underwater diving
Any Extreme sport, for example bungee or BASE jumping, canyoning, white water rafting	
None of the above	

\* Flying (other than as a fare-paying passenger) includes aviation either as a pastime, or as part of an occupation, or both, but excludes cabin crew

\*\* Motorcar and Motorcycle sport includes all forms of vehicle used for any type of racing, rallying, sprints, hill trials and pursuits

**!** If you have ticked any of the activities listed in question 12, please complete the Hazardous Pursuits Questionnaire (Part 6) BEFORE continuing with Part 2. If you have ticked 'None of the above', please now continue with Part 2.

## PART 2 About your health, lifestyle and family medical history

**!** Please don't assume that we will contact your doctor for confirmation of medical details

**Genetic Testing.** Under the Association of British Insurers' (ABI) policy on genetics and insurance, you do not need to tell Legal & General about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to: £500,000 or less for life insurance and/or £300,000 or less for other types of insurance. Above these limits, you may need to tell Legal & General about certain genetic test results when applying for insurance. Legal & General will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please go to the ABI website at [www.abi.org.uk/public/consumer/codes/disclosure.asp](http://www.abi.org.uk/public/consumer/codes/disclosure.asp) for details of the current position. However, you must tell Legal & General if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell them of any family history of a medical condition as asked for in the relevant question in the application. If you wish to tell Legal & General about a negative genetic test result they will be willing to consider this when setting your premium. A copy of the Association of British Insurers' Code of Practice on Genetic Testing is available from Legal & General on request.

	Client one	Client two																																
1 What is your height (without shoes)?	<input type="text"/> m <b>OR</b> <input type="text"/> ft <input type="text"/> in	<input type="text"/> m <b>OR</b> <input type="text"/> ft <input type="text"/> in																																
2 What is your weight (in indoor clothes)?	<input type="text"/> kg <b>OR</b> <input type="text"/> st <input type="text"/> lb	<input type="text"/> kg <b>OR</b> <input type="text"/> st <input type="text"/> lb																																
If you are pregnant, please give your weight immediately prior to this pregnancy																																		
3 If you smoke cigarettes how many do you, or did you, smoke on average each day?	<input type="text"/> Average number of cigarettes smoked a day	<input type="text"/> Average number of cigarettes smoked a day																																
If you do not smoke cigarettes, and have not smoked cigarettes in the last 12 months, please enter '0'																																		
4 What is your average weekly consumption of alcohol in units?	<input type="text"/> Average number of units* consumed a week	<input type="text"/> Average number of units* consumed a week																																
*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																																		
5 In the last 5 years has your average alcohol consumption ever been higher than your current average?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the following details: <table border="1"> <tr> <td>What was the higher average amount in units?</td> </tr> <tr> <td>How long ago was this?      years      months</td> </tr> </table>	What was the higher average amount in units?	How long ago was this?      years      months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the following details: <table border="1"> <tr> <td>What was the higher average amount in units?</td> </tr> <tr> <td>How long ago was this?      years      months</td> </tr> </table>	What was the higher average amount in units?	How long ago was this?      years      months																												
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6 Have you ever been medically advised to reduce your alcohol consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the following details: <table border="1"> <tr> <td>How long ago was this?      years      months</td> </tr> <tr> <td>What was the reason?</td> </tr> </table>	How long ago was this?      years      months	What was the reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the following details: <table border="1"> <tr> <td>How long ago was this?      years      months</td> </tr> <tr> <td>What was the reason?</td> </tr> </table>	How long ago was this?      years      months	What was the reason?																												
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7 Have you ever tested positive for HIV, Hepatitis B or C, or are you waiting for the results of such a test? Please tick all that apply. If none of these apply, please tick 'None of the above'. (A negative HIV or Hepatitis test result will not, of itself, have any effect on your acceptance terms for insurance).	<table border="1"> <tr> <td>Tested positive for HIV</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tested positive for Hepatitis B</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tested positive for Hepatitis C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of HIV test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of Hepatitis B test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of Hepatitis C test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>None of the above</td> <td><input type="checkbox"/></td> </tr> </table> If awaiting results of a Hepatitis B or Hepatitis C test, please give the reason for the test: <table border="1"> <tr> <td>Hepatitis B</td> </tr> <tr> <td>Hepatitis C</td> </tr> </table>	Tested positive for HIV	<input type="checkbox"/>	Tested positive for Hepatitis B	<input type="checkbox"/>	Tested positive for Hepatitis C	<input type="checkbox"/>	Awaiting results of HIV test	<input type="checkbox"/>	Awaiting results of Hepatitis B test	<input type="checkbox"/>	Awaiting results of Hepatitis C test	<input type="checkbox"/>	None of the above	<input type="checkbox"/>	Hepatitis B	Hepatitis C	<table border="1"> <tr> <td>Tested positive for HIV</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tested positive for Hepatitis B</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tested positive for Hepatitis C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of HIV test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of Hepatitis B test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Awaiting results of Hepatitis C test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>None of the above</td> <td><input type="checkbox"/></td> </tr> </table> If awaiting results of a Hepatitis B or Hepatitis C test, please give the reason for the test: <table border="1"> <tr> <td>Hepatitis B</td> </tr> <tr> <td>Hepatitis C</td> </tr> </table>	Tested positive for HIV	<input type="checkbox"/>	Tested positive for Hepatitis B	<input type="checkbox"/>	Tested positive for Hepatitis C	<input type="checkbox"/>	Awaiting results of HIV test	<input type="checkbox"/>	Awaiting results of Hepatitis B test	<input type="checkbox"/>	Awaiting results of Hepatitis C test	<input type="checkbox"/>	None of the above	<input type="checkbox"/>	Hepatitis B	Hepatitis C
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Hepatitis B																																		
Hepatitis C																																		

**PART 2** About your health, lifestyle and family medical history *continued*

**8** In the last 5 years have you tested positive or been treated for any disease which was transmitted sexually?

**Client one**

Yes		No	
-----	--	----	--

If 'Yes', please give the following details:

Name of the disease			
How many times have you had this?			
How long ago was this?		years	months
Are you fully recovered?	Yes	No	
Do you have any other condition(s) to disclose under this heading?	Yes	No	

**!** If 'Yes', please give the same details as above, for the other condition(s), in Part 9 (Additional Information) before continuing with this section

**Client two**

Yes		No	
-----	--	----	--

If 'Yes', please give the following details:

Name of the disease			
How many times have you had this?			
How long ago was this?		years	months
Are you fully recovered?	Yes	No	
Do you have any other condition(s) to disclose under this heading?	Yes	No	

**!** If 'Yes', please give the same details as above, for the other condition(s), in Part 9 (Additional Information) before continuing with this section

**9** In the last 5 years have you used recreational drugs, other than cannabis, for example ecstasy, cocaine, or heroin?

Yes		No	
-----	--	----	--

Yes		No	
-----	--	----	--

**Legal & General will only use the answer to this question in underwriting your application and at claim stage. Therefore there are no 'legal implications' in responding to this question**

**These examples are not intended to be a complete list**

**!** When answering questions 10, 11 and 12, if you are unsure of the relevance of any medical condition you have had, please disclose it anyway. However, there is no need to state the same medical condition more than once when answering the questions.

**10** Have you **ever** had any of the conditions listed opposite?  
 For each 'Yes' answer you give you will need to complete one of the Medical Questionnaires in Part 7  
 Where examples are shown, they are not intended to be a complete list

- a. Heart attack, angina, or any other heart condition, for example heart abnormalities from birth, cardiomyopathy?
- b. A stroke, transient ischaemic attack (TIA) or brain haemorrhage?
- c. Any other condition affecting the arteries, including disease of arteries in the legs or of the aorta, for example aneurysm, blockage, narrowing or inflammation?
- d. Cancer, Hodgkin's disease, lymphoma, brain or spinal tumour (including benign growths), or leukaemia?
- e. Diabetes, or sugar in the urine?
- f. Multiple sclerosis, vision disturbances including optic or retrobulbar neuritis, epilepsy or fits?
- g. Muscular dystrophy, paralysis, cerebral palsy, or any neurological condition, for example motor neurone disease, Parkinson's disease?
- h. Mental illness that has required referral to a Community Mental Health Team or a psychiatrist?

**Client one**

**Client two**

Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

**!** If you have answered 'Yes' to ANY part of question 10, please complete one of the Medical Questionnaires (Part 7) BEFORE continuing with question 11.

## PART 2 About your health, lifestyle and family medical history *continued*

**11** In the **last 5 years** have you had medical advice for any of the conditions listed opposite?

For each 'Yes' answer you give you will need to complete one of the Medical Questionnaires in Part 7. Where examples are shown, they are not intended to be a complete list

If you have told us about one of the medical conditions listed opposite in the answer to an earlier question, please **do not repeat it** when answering this question

In these questions **you can ignore**:

11a. blood blister; boil; bunion; corn; ganglion; verruca; wart if no biopsy or hospital investigation needed

In these questions **you can ignore**:

11k. astigmatism; black eye; blocked tear duct; conjunctivitis; dry eyes; long sighted; myopia (short sighted); squint; stye(s)

11l. chesty cough; pleurisy; upper respiratory tract infection (URTI), provided no hospital investigation has been advised or completed

11m. diarrhoea; food poisoning; indigestion; sickness or vomiting; stomach bug or upset, provided no hospital investigation has been advised or completed

11q. minor sporting injuries, for example muscle strain; pulled muscle; torn ligament or tendon; sprained joint, provided it has not kept you off work for 2 weeks or more

11r. appendicitis without complications; broken or dislocated arm, leg, wrist or finger, but only where a full recovery has been made; influenza from which you have recovered; miscarriage; pregnancy without complications; shingles; tonsillitis; varicose veins without complications

- a. A tumour, lump or growth of any kind? (see margin note)
- b. A mole or freckle that has bled, become painful, changed colour or increased in size?
- c. Chest pain, irregular heart beat, raised blood pressure, raised cholesterol, or condition affecting your veins, for example palpitations, deep vein thrombosis?
- d. Any numbness, tingling, dizziness, balance problems, persistent pins and needles or facial pain other than dental pain?
- e. Arthritis, rheumatism, gout or any form of neck, back, spine or joint trouble, for example rheumatoid arthritis, sciatica?  
If you are applying for Life Cover only, you can ignore: backache; back spasm; cricked neck; fibrositis; frozen shoulder; lumbago; stiff neck; trapped nerve or operation to correct this
- f. Anxiety, depression, or any form of nervous or mental disorder needing treatment or counselling?
- g. Any eating disorder, chronic fatigue or persistent tiredness?
- h. Any blood condition, for example anaemia, haemophilia?
- i. Any condition affecting your thyroid?
- j. Any condition affecting your ears or hearing, for example Meniere's Disease, deafness?  
If you are applying for Life Cover only, you can ignore: deafness (partial or total from birth); earache; ear infection; ear wax or syringing; glue ear; grommet insertion; otitis
- k. Any condition affecting your eyes or vision, not wholly corrected by spectacles or lenses, for example cataract, blindness? (see margin note)
- l. Any condition affecting your lungs or breathing, for example asthma, sarcoidosis, emphysema? (see margin note)
- m. Any condition affecting your stomach, oesophagus, liver, pancreas or bowel, for example colitis, Crohn's disease, hepatitis? (see margin note)
- n. Any condition affecting your kidneys, bladder or prostate, for example protein in the urine, kidney stones?
- o. Any other condition or symptom which has needed an angiogram, ECG, MRI, or CT scan?  
You should answer 'Yes' irrespective of the result

11p is **only applicable** to females:

- p. A cervical smear or gynaecological disorder or breast problem, for which you have needed further investigations, tests, advice, or for which you have not yet been discharged from follow-up?

11q and 11r are **only applicable** if you have selected Income Protection Benefit or the waiver of premium benefit option:

- q. Any form of joint pain or stiffness, or muscular pain? (see margin note)
- r. Any other illness, injury or disability which has kept you off work for a total of 2 continuous weeks or more, for example stress, headaches, trapped nerve? (see margin note)

Client one      Client two

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

**!** If you have answered 'Yes' to ANY part of question 11, please complete one of the Medical Questionnaires (Part 7) BEFORE continuing with question 12.

**12** In the **last 12 months** have you had any medical condition, symptoms, illness or injury **not mentioned previously** for which:

For each 'Yes' answer you give you will need to complete one of the Medical Questionnaires in Part 7

If you have told us about one of the medical conditions listed opposite in the answer to an earlier question, please **do not repeat it** when answering this question

- a. you have been prescribed any treatment?  
When answering this you can ignore: blister; boil; broken wrist, arm or finger; bunion or corn; cold sore(s); common cold; ear syringing; haemorrhoids; hay fever or dust allergy; infertility treatment; influenza from which you have recovered; ingrowing toenail; laryngitis; miscarriage; mouth ulcer(s); muscle strain; pulled muscle or sprain; pregnancy without complications; shingles; sinus trouble; tonsillitis; varicose veins without complications; wisdom teeth
- b. you have had, or been advised to have, any medical or surgical investigation, consultation, blood test, or follow-up?  
When answering this you can ignore: blood donations and routine vaccinations
- c. you have not yet sought medical advice?

Yes No      Yes No

Yes No      Yes No

Yes No      Yes No

**!** If you have answered 'Yes' to ANY part of question 12, please complete one of the Medical Questionnaires (Part 7) BEFORE continuing with question 13.

**13** Have any of your natural parents, brothers or sisters, before the age of 65, been diagnosed with or died from any of the conditions listed opposite?

If 'Yes', please tick all that apply  
If 'No', please tick 'None of the above'

If 'unknown', please answer the 'Unknown' question below.

If 'Unknown Other', please tell us why you can't give details of the medical history of your parents, brothers and sisters.

**For each condition selected, please give:**

- the total number of relatives who had the condition
- the ages(s) at the time of diagnosis or death (except where indicated) – but only the youngest (lowest) age(s)

The conditions listed opposite are not always hereditary and we do not intend to imply that they are

	Client one			Client two		
	No. of relatives affected	Youngest age affected	Second youngest age affected	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes						
Cancer of the Breast						
Cancer of the Ovary						
Cancer of the Colon (Bowel)						
Cancer of another site*						
Cardiomyopathy (primary disorder of the heart muscle)						
Multiple Sclerosis**		N/A	N/A		N/A	N/A
Myotonic (Muscular) Dystrophy						
Polyposis coli (Familial adenomatous)						
Polycystic Kidney Disease						
Motor Neurone Disease						
Huntington's Disease						
Parkinson's Disease						
Alzheimer's Disease						
Any OTHER disorder which runs in your family for which you are receiving regular follow up or screening***						
None of the above						
Unknown Adopted	Unknown No contact			Unknown Adopted	Unknown No contact	
Unknown Other	Details			Unknown Other	Details	

\* If 'Cancer of another site', please tell us the part of the body affected by the 'primary' cancer, that is, where it first occurred in the body. If more than one relative has had a 'Cancer of another site' please state all sites

--	--

\*\* If 'Multiple Sclerosis', please tell us which family member(s) were/are affected. We do not need their ages

Mother	Father	Brother(s)	Sister(s)	Mother	Father	Brother(s)	Sister(s)
--------	--------	------------	-----------	--------	--------	------------	-----------

\*\*\* If 'Any OTHER disorder which runs in your family for which you are receiving regular follow up or screening' Please give details of the disorder(s) for which you are receiving follow up or screening and the results of any investigations.

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You can ignore short or long sight; colour blindness; asthma; high blood pressure; heart murmur (other than in connection with cardiomyopathy); dermatitis; eczema; rheumatoid or osteo arthritis.

**14** Doctor's details  
Please include your doctor's practice name or clinic, postcode and telephone number as this is essential for processing your application more quickly.

**!** Please don't assume that we will contact your doctor for confirmation of medical details

Doctor's name	Doctor's name
Practice/clinic name and address (including postcode)	Practice/clinic name and address (including postcode)
Postcode	Postcode
Telephone number	Telephone number

## PART 3 About your policy

**→** Questions 1 and 2 of this section only apply if you require Mortgage Protection. If you don't require Mortgage Protection, please go straight to question 3.

	Client one	Client two												
	<b>!</b> For Joint cover, use the 'Client one' column for answers in this Part													
1 What is the name of the mortgage lender, and the amount of the mortgage loan, for the mortgage on which you require Mortgage Protection?	<table border="1"> <tr><td>Lender</td></tr> <tr><td>Mortgage loan amount    £</td></tr> </table>	Lender	Mortgage loan amount    £	<table border="1"> <tr><td>Lender</td></tr> <tr><td>Mortgage loan amount    £</td></tr> </table>	Lender	Mortgage loan amount    £								
Lender														
Mortgage loan amount    £														
Lender														
Mortgage loan amount    £														
2 Do you have a new property address?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', what is the new address, including postcode?</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td>Postcode</td></tr> </table>	Yes	No				Postcode	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', what is the new address, including postcode?</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td>Postcode</td></tr> </table>	Yes	No				Postcode
Yes	No													
Postcode														
Yes	No													
Postcode														
3 Are any of the policies that you're applying for replacing any existing policies held with Legal & General? <i>We may need to get authority to cancel the policy if it is in trust or owned by someone else.</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', what is the policy number(s) of your existing Legal &amp; General policy(ies) that will be replaced?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', what is the policy number(s) of your existing Legal &amp; General policy(ies) that will be replaced?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No							
Yes	No													
Yes	No													
4 Are any of the policies that you're applying for to be issued under Trust?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', which policy(ies)?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', which policy(ies)?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No							
Yes	No													
Yes	No													

**!** If you have answered 'Yes' to question 4, please contact your Financial Adviser about the type of trust most appropriate to you and your circumstances

5 Are any of the policies that you're applying for to be owned by another individual or company?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', which policy(ies)?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes', which policy(ies)?</p> <table border="1"> <tr><td> </td></tr> </table>	Yes	No	
Yes	No							
Yes	No							

**!** If you have answered 'Yes' to question 5, please complete a Policy Owner Questionnaire for each policy (Part 8) BEFORE going straight to Part 10.

## PART 4 Personal Assurance Questionnaire

➔ This questionnaire only applies if you have answered 'Yes' to question 8 in Part 1 AND you're applying for Family Protection and/or Mortgage Protection.

1 Do you have, or are you applying for, any other Life cover with another insurance company?  
This includes any Life cover provided by your employer.  
If 'Yes' and you need more space, please use the Additional Information section in Part 9

### Client one

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

Company		
Start date		
Policy type		
Term	years	Amount of cover £
Reason for cover		
Will this policy remain in force/be going ahead?	Yes	No
Do you have any other policy(ies) to disclose?	Yes	No

! If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

### Client two

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

Company		
Start date		
Policy type		
Term	years	Amount of cover £
Reason for cover		
Will this policy remain in force/be going ahead?	Yes	No
Do you have any other policy(ies) to disclose?	Yes	No

! If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

2 Do you have, or are you applying for, any other Critical Illness cover with another insurance company?  
If 'Yes' and you need more space, please use the Additional Information section in Part 9

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

Company		
Start date		
Policy type		
Term	years	Amount of cover £
Reason for cover		
Will this policy remain in force/be going ahead?	Yes	No
Do you have any other policy(ies) to disclose?	Yes	No

! If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

Company		
Start date		
Policy type		
Term	years	Amount of cover £
Reason for cover		
Will this policy remain in force/be going ahead?	Yes	No
Do you have any other policy(ies) to disclose?	Yes	No

! If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

3 Please give details of your gross annual earned income for the last three years.  
Do not include any unearned income, such as investment income

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

If you are self employed – please give net taxable earnings after deduction of allowable business expenses

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

➔ If your earned income for the current year is less than £10,000, please continue with question 4. Otherwise, please now go straight to question 5.

4 Please give details of all other household gross annual earned income for the last three years.

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

Current year	Earned income	£
Last year	Earned income	£
Previous year	Earned income	£

5 What is the total value of your net assets?

£

£

'Net assets' are your total assets (for example house, car, shares), less your total liabilities (for example mortgage, outstanding debt). Where examples are shown, they are not intended to be a complete list.

➔ If you require Family Protection, please continue with question 6. Otherwise, for Mortgage Protection, please now go straight to question 10.

**PART 4** Personal Assurance Questionnaire *continued*

	Client one	Client two												
6 What is the total value of your liabilities?	£ <input style="width:100%;" type="text"/>	£ <input style="width:100%;" type="text"/>												
7 Please give details of the number of dependants you have and their relationship to you. <i>If you need space for more dependants, please use the Additional Information section in Part 9</i>														
8 If this application is required to cover a liability for Inheritance Tax or Capital Gains Tax, please tick whichever applies. <b>If neither</b> of these apply, tick 'Neither'.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Inheritance Tax</td><td style="width:50px;"></td></tr> <tr><td>Capital Gains Tax</td><td></td></tr> <tr><td>Neither</td><td></td></tr> </table>	Inheritance Tax		Capital Gains Tax		Neither		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Inheritance Tax</td><td style="width:50px;"></td></tr> <tr><td>Capital Gains Tax</td><td></td></tr> <tr><td>Neither</td><td></td></tr> </table>	Inheritance Tax		Capital Gains Tax		Neither	
Inheritance Tax														
Capital Gains Tax														
Neither														
Inheritance Tax														
Capital Gains Tax														
Neither														

**→** If you require this policy for Inheritance Tax, please continue with question 9. If you don't require this policy for Inheritance Tax, please now go straight to question 10 if you require Mortgage Protection, otherwise return to Part 1 and continue with question 9.

9 Please give details of the Inheritance Tax, liability and reliefs.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Estimated Inheritance Tax liability</td><td style="text-align:right;">£</td></tr> <tr><td>How was your liability calculated?</td><td></td></tr> <tr><td colspan="2">Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief</i></td></tr> <tr><td colspan="2">Is this policy required to cover the Inheritance Tax in respect of a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td colspan="2"><i>If 'Yes', please give the date and value of the gift</i></td></tr> <tr><td>d d</td><td>m m y y y y £</td></tr> </table>	Estimated Inheritance Tax liability	£	How was your liability calculated?		Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief</i>		Is this policy required to cover the Inheritance Tax in respect of a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If 'Yes', please give the date and value of the gift</i>		d d	m m y y y y £	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Estimated Inheritance Tax liability</td><td style="text-align:right;">£</td></tr> <tr><td>How was your liability calculated?</td><td></td></tr> <tr><td colspan="2">Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief</i></td></tr> <tr><td colspan="2">Is this policy required to cover the Inheritance Tax in respect of a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td colspan="2"><i>If 'Yes', please give the date and value of the gift</i></td></tr> <tr><td>d d</td><td>m m y y y y £</td></tr> </table>	Estimated Inheritance Tax liability	£	How was your liability calculated?		Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief</i>		Is this policy required to cover the Inheritance Tax in respect of a gift? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If 'Yes', please give the date and value of the gift</i>		d d	m m y y y y £
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d d	m m y y y y £																									

**→** If you require Mortgage Protection, please continue with question 10. Otherwise, please now return to Part 1 and continue with question 8.

10 Please give details of the mortgage(s) or loan(s) to which the protection applies.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:20%; vertical-align: top;">What is this mortgage or loan being used to purchase? <i>If 'Other', please give details</i></td> <td colspan="2">Main private residence</td> <td style="width:50px;"></td> </tr> <tr> <td>Home improvement</td> <td>Buy to Let property</td> <td></td> </tr> <tr> <td colspan="2">Other</td> <td></td> </tr> <tr><td colspan="4">Name(s) of lender(s)</td></tr> <tr><td colspan="4">Name(s) of borrower(s)</td></tr> <tr><td colspan="4">Mortgage or loan amount £</td></tr> <tr> <td colspan="2">Mortgage or loan term</td> <td>years</td> <td>Interest rate %</td> </tr> <tr> <td>Type of mortgage or loan:</td> <td>New or remortgage</td> <td colspan="2">Existing arrangement</td> </tr> <tr> <td rowspan="2">Repayment basis <i>If 'Other', please give details</i></td> <td>Interest only</td> <td colspan="2">Capital and interest</td> </tr> <tr> <td colspan="3">Other</td> </tr> <tr> <td colspan="2">Are any other policies being taken out to cover this mortgage or loan? <i>If 'Yes', please give details</i></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	What is this mortgage or loan being used to purchase? <i>If 'Other', please give details</i>	Main private residence			Home improvement	Buy to Let property		Other			Name(s) of lender(s)				Name(s) of borrower(s)				Mortgage or loan amount £				Mortgage or loan term		years	Interest rate %	Type of mortgage or loan:	New or remortgage	Existing arrangement		Repayment basis <i>If 'Other', please give details</i>	Interest only	Capital and interest		Other			Are any other policies being taken out to cover this mortgage or loan? <i>If 'Yes', please give details</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width:20%; vertical-align: top;">What is this mortgage or loan being used to purchase? <i>If 'Other', please give details</i></td> <td colspan="2">Main private residence</td> <td style="width:50px;"></td> </tr> <tr> <td>Home improvement</td> <td>Buy to Let property</td> <td></td> </tr> <tr> <td colspan="2">Other</td> <td></td> </tr> <tr><td colspan="4">Name(s) of lender(s)</td></tr> <tr><td colspan="4">Name(s) of borrower(s)</td></tr> <tr><td colspan="4">Mortgage or loan amount £</td></tr> <tr> <td colspan="2">Mortgage or loan term</td> <td>years</td> <td>Interest rate %</td> </tr> <tr> <td>Type of mortgage or loan:</td> <td>New or remortgage</td> <td colspan="2">Existing arrangement</td> </tr> <tr> <td rowspan="2">Repayment basis <i>If 'Other', please give details</i></td> <td>Interest only</td> <td colspan="2">Capital and interest</td> </tr> <tr> <td colspan="3">Other</td> </tr> <tr> <td colspan="2">Are any other policies being taken out to cover this mortgage or loan? <i>If 'Yes', please give details</i></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	What is this mortgage or loan being used to purchase? <i>If 'Other', please give details</i>	Main private residence			Home improvement	Buy to Let property		Other			Name(s) of lender(s)				Name(s) of borrower(s)				Mortgage or loan amount £				Mortgage or loan term		years	Interest rate %	Type of mortgage or loan:	New or remortgage	Existing arrangement		Repayment basis <i>If 'Other', please give details</i>	Interest only	Capital and interest		Other			Are any other policies being taken out to cover this mortgage or loan? <i>If 'Yes', please give details</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name(s) of lender(s)																																																																																				
Name(s) of borrower(s)																																																																																				
Mortgage or loan amount £																																																																																				
Mortgage or loan term		years	Interest rate %																																																																																	
Type of mortgage or loan:	New or remortgage	Existing arrangement																																																																																		
Repayment basis <i>If 'Other', please give details</i>	Interest only	Capital and interest																																																																																		
	Other																																																																																			
Are any other policies being taken out to cover this mortgage or loan? <i>If 'Yes', please give details</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																																	

**→** Please now return to Part 1 and continue with question 9.

**PART 5 Business Assurance Questionnaire**

➔ This questionnaire only applies if you have answered 'Yes' to question 8 in Part 1 AND you're applying for Business Protection.

1 Do you have, or are you applying for, any other Life cover with another insurance company? This includes any Life cover provided by your employer.  
If 'Yes' and you need more space, please use the Additional Information section in Part 9

**Client one**

Yes  No

If 'Yes', please give details:

Company			
Start date			
Policy type			
Term	years	Amount of cover	£
Reason for cover			
Will this policy remain in force/be going ahead?		Yes	No
Do you have any other policy(ies) to disclose?		Yes	No

**!** If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

**Client two**

Yes  No

If 'Yes', please give details:

Company			
Start date			
Policy type			
Term	years	Amount of cover	£
Reason for cover			
Will this policy remain in force/be going ahead?		Yes	No
Do you have any other policy(ies) to disclose?		Yes	No

**!** If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

2 Do you have, or are you applying for, any other Critical Illness cover with another insurance company? If 'Yes' and you need more space, please use the Additional Information section in Part 9

Yes  No

If 'Yes', please give details:

Company			
Start date			
Policy type			
Term	years	Amount of cover	£
Reason for cover			
Will this policy remain in force/be going ahead?		Yes	No
Do you have any other policy(ies) to disclose?		Yes	No

**!** If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (Additional Information) before continuing with this section

Yes  No

If 'Yes', please give details:

Company			
Start date			
Policy type			
Term	years	Amount of cover	£
Reason for cover			
Will this policy remain in force/be going ahead?		Yes	No
Do you have any other policy(ies) to disclose?		Yes	No

**!** If 'Yes', please give the same details as above for the other policy(ies), in Part 9 (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	

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)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

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

5 Has a loss been reported in the last two years or is a loss due to be reported?

Yes  No

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

Yes  No

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

**PART 5** Business Assurance Questionnaire *continued*

**Client one**

**Client two**

6 What is your exact shareholding in the company and the current value of that shareholding?

Percentage of shares	%	Current value	£
----------------------	---	---------------	---

Percentage of shares	%	Current value	£
----------------------	---	---------------	---

If you have selected a product for Business Loan Protection, please continue with question 7.

**→** If you haven't selected a product for Business Loan Protection, please now go straight to question 10 for Key Person Protection, or question 19 for Director Share and/or Partner Share Protection.

**Business Loan Protection**

7 Please give details of your business mortgage/loan and forward a copy of the full and final loan offer from your principal lender.

For certain applications, a copy of your loan offer must be provided – please speak to your Adviser to see if this applies

If this is an existing mortgage/loan, please provide a copy of the latest loan statement of interest

What is the reason for your mortgage/loan? <i>If 'Other', please give details</i>	Business premises		
	Equipment		Expansion
	Other		
Name(s) of lender(s)			
Name(s) of borrower(s)			
Mortgage/loan amount £			
Mortgage/loan term	years	Interest rate	%
Does the term or Sum Assured of this policy differ from the mortgage/loan? <i>If 'Yes', please explain why you require this</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of mortgage/loan	New or remortgage	Existing arrangement	
Repayment basis? <i>If 'Other', please give details</i>	Interest only	Capital and interest	
	Other		

What is the reason for your mortgage/loan? <i>If 'Other', please give details</i>	Business premises		
	Equipment		Expansion
	Other		
Name(s) of lender(s)			
Name(s) of borrower(s)			
Mortgage/loan amount £			
Mortgage/loan term	years	Interest rate	%
Does the term or Sum Assured of this policy differ from the mortgage/loan? <i>If 'Yes', please explain why you require this</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of mortgage/loan	New or remortgage	Existing arrangement	
Repayment basis? <i>If 'Other', please give details</i>	Interest only	Capital and interest	
	Other		

8 Is the mortgage/loan being made to the company?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**If 'Yes', please tell us why this protection policy is specifically required for you:**

--

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**If 'Yes', please tell us why this protection policy is specifically required for you:**

--

9 Are any other policies being taken out to cover this mortgage/loan?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**If 'Yes', please give full details:**

--

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**If 'Yes', please give full details:**

--

If you have selected a product for Key Person Protection, please continue with question 10. Otherwise:

**→** – if you have selected a product for Director Share and/or Partner Share Protection, please now go straight to question 19; or  
– if you HAVEN'T selected a product for Director Share and/or Partner Share Protection, please return to Part 1 and continue with question 9.

**PART 5** Business Assurance Questionnaire *continued*

**Key Person Protection**

10 What is the total remuneration (including dividends, bonuses etc) that you have received in each of the last three years?

**Client one**

Current year:	£
Last year:	£
Previous year:	£

**Client two**

Current year:	£
Last year:	£
Previous year:	£

11 What is the total salary payroll of the company?

£

£

12 What type of work are you engaged in?

13 Why does the company need the sum assured on you?

14 What effect would your loss have on the business?

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 **and/or** Legal & General?

Yes  No

If 'Yes', please give full details:

Yes  No

If 'Yes', please give full details:

If 'Yes', please give full details including Sum Assured, contract types and provider(s) names  
If you need more space, please use the Additional Information section in Part 9

16 What proportion of the company's net profit can fairly be attributed to you?

%

%

17 What portion, if any, of the benefit will be passed on to you?

%

%

18 What is your notice period (in weeks)?

weeks

weeks



If you have selected a product for Director Share and/or Partner Share Protection, please continue with question 19. Otherwise, please now return to Part 1 and continue with question 9.

**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

£

Calculations

£

Calculations

**PART 5** Business Assurance Questionnaire *continued*

**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 the Additional Information section in Part 9

**Client one**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

**Client two**

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes', please give details:

**21** Is there a double (cross) option agreement, or similar, in place?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No', please give full details: and then continue with Part 1 question 9

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No', please give full details: and then continue with Part 1 question 9

**➔** If you have answered 'Yes' to question 21 AND you require a product that contains Critical Illness Cover, please continue with question 22. Otherwise, please now return to Part 1 and continue with question 9.

**22** Does the agreement specify the outcome in the event of a critical illness?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No', please tell us why:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No', please tell us why:

**➔** Please now return to Part 1 and continue with question 9.

## PART 6 Hazardous Pursuits Questionnaire

**➔** This questionnaire only applies if you have ticked any of the activities listed in question 12 of Part 1.

	Client one	Client two																																																																
1 What is the name of the activity that you have ticked in question 12 of Part 1? <b>If 'Any Extreme sport', please tell us which one</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																																																
<b>If you have ticked more than one activity in question 12 of Part 1, you will need to complete a separate Hazardous Pursuits Questionnaire for each one. Use this page to give details of the first activity and then use the Additional Information section (Part 9), or photocopy this page, to give the same details for the other activity(ies)</b>																																																																		
2 Do you take part in this as a professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
3 Are you a member of a recognised club, association or professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
4 Where is this activity carried out? <b>If 'Other', please tell us where</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input style="width: 95%;" type="text"/> UK only</td> <td style="width: 33%;"><input style="width: 95%;" type="text"/> Europe only</td> <td style="width: 33%;"></td> </tr> <tr> <td colspan="3"><input style="width: 100%;" type="text"/> Other</td> </tr> </table>	<input style="width: 95%;" type="text"/> UK only	<input style="width: 95%;" type="text"/> Europe only		<input style="width: 100%;" type="text"/> Other			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input style="width: 95%;" type="text"/> UK only</td> <td style="width: 33%;"><input style="width: 95%;" type="text"/> Europe only</td> <td style="width: 33%;"></td> </tr> <tr> <td colspan="3"><input style="width: 100%;" type="text"/> Other</td> </tr> </table>	<input style="width: 95%;" type="text"/> UK only	<input style="width: 95%;" type="text"/> Europe only		<input style="width: 100%;" type="text"/> Other																																																						
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<input style="width: 100%;" type="text"/> Other																																																																		
<input style="width: 95%;" type="text"/> UK only	<input style="width: 95%;" type="text"/> Europe only																																																																	
<input style="width: 100%;" type="text"/> Other																																																																		
5 Do you ever take part in this activity alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
6 Do you, or are you likely to, take part in Aerobatics, Expeditions, Record Attempts, Testing of any equipment or Underwater internal wreck exploration, in connection with this hobby or pursuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
7 On average, how many times a year do you do this activity?	<input style="width: 100%;" type="text"/> times a year	<input style="width: 100%;" type="text"/> times a year																																																																
8 On average, how many hours a year do you spend on this activity?	<input style="width: 100%;" type="text"/> hours a year	<input style="width: 100%;" type="text"/> hours a year																																																																
9 If this activity is listed opposite, please answer these additional questions, as applicable.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Motor car and Motorcycle sport</b></td> <td style="width: 25%;">Type of motor sport</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>Maximum engine size used</td> <td style="text-align: right;">cc</td> <td></td> </tr> <tr> <td><b>Mountaineering or Rock climbing</b></td> <td>Maximum height you climb to</td> <td style="text-align: right;">metres</td> <td></td> </tr> <tr> <td></td> <td>Severity level you climb to</td> <td></td> <td></td> </tr> <tr> <td><b>Parachuting or Sky diving</b></td> <td>Do you take part in free-fall parachuting, competitions, sky diving or sky surfing?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td></td> </tr> <tr> <td><b>Sailing</b></td> <td>Type of sailing <i>For example, offshore category 1 or 2</i></td> <td></td> <td></td> </tr> <tr> <td><b>Powerboat racing and Extreme sports</b></td> <td>Full details</td> <td></td> <td></td> </tr> <tr> <td><b>Underwater diving</b></td> <td>Maximum depth you dive to</td> <td style="text-align: right;">metres</td> <td></td> </tr> </table>	<b>Motor car and Motorcycle sport</b>	Type of motor sport				Maximum engine size used	cc		<b>Mountaineering or Rock climbing</b>	Maximum height you climb to	metres			Severity level you climb to			<b>Parachuting or Sky diving</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Sailing</b>	Type of sailing <i>For example, offshore category 1 or 2</i>			<b>Powerboat racing and Extreme sports</b>	Full details			<b>Underwater diving</b>	Maximum depth you dive to	metres		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Motor car and Motorcycle sport</b></td> <td style="width: 25%;">Type of motor sport</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td>Maximum engine size used</td> <td style="text-align: right;">cc</td> <td></td> </tr> <tr> <td><b>Mountaineering or Rock climbing</b></td> <td>Maximum height you climb to</td> <td style="text-align: right;">metres</td> <td></td> </tr> <tr> <td></td> <td>Severity level you climb to</td> <td></td> <td></td> </tr> <tr> <td><b>Parachuting or Sky diving</b></td> <td>Do you take part in free-fall parachuting, competitions, sky diving or sky surfing?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td></td> </tr> <tr> <td><b>Sailing</b></td> <td>Type of sailing <i>For example, offshore category 1 or 2</i></td> <td></td> <td></td> </tr> <tr> <td><b>Powerboat racing and Extreme sports</b></td> <td>Full details</td> <td></td> <td></td> </tr> <tr> <td><b>Underwater diving</b></td> <td>Maximum depth you dive to</td> <td style="text-align: right;">metres</td> <td></td> </tr> </table>	<b>Motor car and Motorcycle sport</b>	Type of motor sport				Maximum engine size used	cc		<b>Mountaineering or Rock climbing</b>	Maximum height you climb to	metres			Severity level you climb to			<b>Parachuting or Sky diving</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Sailing</b>	Type of sailing <i>For example, offshore category 1 or 2</i>			<b>Powerboat racing and Extreme sports</b>	Full details			<b>Underwater diving</b>	Maximum depth you dive to	metres	
<b>Motor car and Motorcycle sport</b>	Type of motor sport																																																																	
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	Severity level you climb to																																																																	
<b>Parachuting or Sky diving</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
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<b>Powerboat racing and Extreme sports</b>	Full details																																																																	
<b>Underwater diving</b>	Maximum depth you dive to	metres																																																																
10 Did you tick any other activity(ies) in question 12 of Part 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																
<p><b>!</b> If 'Yes', please give the same details as above, for the other activity(ies), in Part 9 (Additional Information) before returning to page 13 and continuing with Part 2</p>																																																																		

**➔** Please now return to page 13 and continue with Part 2.

**PART 7** Medical Questionnaires

➔ This questionnaire only applies if you have been asked in Part 2 to complete a Medical Questionnaire.

**Medical Questionnaire 1**

**Client one**

**Client two**

1 What question number, and question part (for example a, b, c) does this information relate to?

Part 2: Question ( )

Part 2: Question ( )

If you have been asked to complete a Medical Questionnaire for more than one condition, illness or injury in Part 2, you will need to complete a separate Medical Questionnaire for each one. Use this page to give details of the first condition, use Medical Questionnaire 2 opposite for the second and then use the Additional Information section (Part 9), or photocopy this page, to give the same details for any further condition(s)

2 Name of actual medical condition, illness or injury **If growth or lump, also state the part of body affected**



3 How long ago did the condition first occur?

years months

years months

4 How often do you have symptoms? **Please tick appropriate box – do not enter anything else in the box**

No symptoms now	Yearly
Monthly	Weekly
	Daily

No symptoms now	Yearly
Monthly	Weekly
	Daily

5 How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets

Never had a major attack	Currently or at present
Other	years months

Never had a major attack	Currently or at present
Other	years months

6 In the last 5 years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition?

Surgery or operation	Yes	No
If 'Yes', how long ago?	years	months
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', how long ago?	years	months

Surgery or operation	Yes	No
If 'Yes', how long ago?	years	months
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', how long ago?	years	months

7 In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?

weeks days

weeks days

If you haven't taken time off, please enter '0'

8 If you have had time off, how long ago was the most recent occasion? **Not applicable if you have answered '0' to question 7 above**

years months

years months

If you are currently off work, please enter '0'

9 Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition?

Surgery or operation	Yes	No
If 'Yes', when?		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', when?		
Referral to a specialist	Yes	No
If 'Yes', when?		

Surgery or operation	Yes	No
If 'Yes', when?		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', when?		
Referral to a specialist	Yes	No
If 'Yes', when?		

10 Are you currently receiving treatment for this condition?

Yes No

Yes No

If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all



11 Do you have any more medical conditions to disclose as a result of answering 'Yes' to a question in Part 2?

Yes No

Yes No

! If 'Yes', please complete the second Medical Questionnaire opposite before returning to Part 2

! If 'Yes', please complete the second Medical Questionnaire opposite before returning to Part 2

➔ If you do have another medical condition to disclose, please complete the second Medical Questionnaire opposite. Otherwise, please now return to Part 2 and complete the remaining medical questions.

**PART 7** Medical Questionnaires *continued*

**Medical Questionnaire 2**

**Client one**

**Client two**

1 What question number, and question part (for example a, b, c) does this information relate to?

Part 2: Question ( )

Part 2: Question ( )

Use this page to give details of a second condition and then use the Additional Information section (Part 9), or photocopy this page, to give the same details for any further medical condition(s)

2 Name of actual medical condition, illness or injury *If growth or lump, also state the part of body affected*



3 How long ago did the condition first occur?

years months

years months

4 How often do you have symptoms? *Please tick appropriate box – do not enter anything else in the box*

No symptoms now		Yearly	
Monthly	Weekly	Daily	

No symptoms now		Yearly	
Monthly	Weekly	Daily	

5 How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets

Never had a major attack	Currently or at present
Other years months	

Never had a major attack	Currently or at present
Other years months	

6 In the last 5 years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition?

Surgery or operation	Yes	No
If 'Yes', how long ago? years months		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', how long ago? years months		

Surgery or operation	Yes	No
If 'Yes', how long ago? years months		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', how long ago? years months		

7 In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?

weeks days

weeks days

*If you haven't taken time off, please enter '0'*

8 If you have had time off, how long ago was the most recent occasion? *Not applicable if you have answered '0' to question 7 above*

years months

years months

*If you are currently off work, please enter '0'*

9 Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition?

Surgery or operation	Yes	No
If 'Yes', when?		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', when?		
Referral to a specialist	Yes	No
If 'Yes', when?		

Surgery or operation	Yes	No
If 'Yes', when?		
Other hospital admission (including overnight stay)	Yes	No
If 'Yes', when?		
Referral to a specialist	Yes	No
If 'Yes', when?		

10 Are you currently receiving treatment for this condition?

Yes No

Yes No

*If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all*



11 Do you have any more medical conditions to disclose as a result of answering 'Yes' to a question in Part 2?

Yes No

Yes No

**!** *If 'Yes', please give the same details as above, for the other medical condition(s), in Part 9 (Additional Information) before returning to Part 2*

**!** *If 'Yes', please give the same details as above, for the other medical condition(s), in Part 9 (Additional Information) before returning to Part 2*

 Please now return to Part 2 and complete the remaining medical questions.

## PART 8 Policy Owner Questionnaire

This questionnaire only applies if you have answered 'Yes' to question 5 in Part 3

**→** If more than one policy is to be owned by someone else you must complete a separate Policy Owner Questionnaire for each – please ask your Financial Adviser for another questionnaire, as required.

- Please note, if the Policy Owner is not the Client(s) they must be over 18 and have an insurable interest in the Client(s).
- Please consult your Financial Adviser if you wish to assign your policy to someone else once the policy has been accepted and issued.
- Your Financial Adviser can help you to complete this section.

		Client one			Client two
		! For Joint cover, use the 'Client one' column for answers in this Part			
1	Will the Policy Owner be an individual or a business?	An individual	A business	An individual	A business
2	What is the name of the Policy Owner? Give the full name or business name as applicable	Mr, Mrs, Miss, Ms, Dr, Rev, Other  Forename(s) and middle name(s) in full  Surname  or Business name		Mr, Mrs, Miss, Ms, Dr, Rev, Other  Forename(s) and middle name(s) in full  Surname  or Business name	
3	What is your relationship to the Policy Owner?	Spouse <input type="checkbox"/> Employer <input type="checkbox"/> Business Partner <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Registered Civil Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="text"/> Co-shareholder <input type="checkbox"/>		Spouse <input type="checkbox"/> Employer <input type="checkbox"/> Business Partner <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Registered Civil Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="text"/> Co-shareholder <input type="checkbox"/>	
4	What is the Policy Owner's current address? Please give the full address (including postcode) of the person or business who is to own the policy(ies)	<input type="text"/> <input type="text"/> <input type="text"/> Postcode		<input type="text"/> <input type="text"/> <input type="text"/> Postcode	
5	What are the Policy Owner's contact details? If the policy is to be owned by a business, please give the contact details of the business's representative	Work phone Home phone Mobile phone		Work phone Home phone Mobile phone	
6	<b>Declaration of the Policy Owner(s) (who is not the Client(s))</b> ! This Declaration should be read, confirmed, signed and dated by the Policy Owner, not by the Client(s)	I declare that the answers given are, to the best of my knowledge and belief, true and complete. <b>Use of personal information:</b> Legal & General takes client privacy very seriously. I understand that Legal & General will use the personal information collected via this application and any other information that I provide to Legal & General ("my information") for the purposes of: 1. Providing me with Legal & General products and services and dealing with my enquiries and requests; 2. Underwriting and administering my policy including processing claims; and 3. Carrying out market research, statistical analysis and client profiling. I understand that given the global nature of Legal & General's business, it may be necessary to transfer my information to countries outside the European Economic Area in order to provide Legal & General's services to me. <b>Disclosures:</b> I understand that Legal & General will disclose my information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of Legal & General's business, suppliers engaged by Legal & General to process data on its behalf and when necessary, to a reinsurer. If I have been dealing with a financial adviser, Legal & General will give them information about the product and, where appropriate, provide them with other information about my dealings with Legal & General to enable them to give me informed advice.			

**PART 8** Policy Owner Questionnaire *continued*

**6 Declaration of the Policy Owner**  
*continued*

**!** This Declaration should be read, confirmed, signed and dated by the Policy Owner, not by the Client(s)

Where I have been introduced to Legal & General by a bank or a building society, Legal & General will share my information with them to enable them to:

- (a) carry out market research, statistical analysis and client profiling; and
- (b) send me marketing information about their products and services and products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its clients.

By signing this Declaration I agree to receive the information as described in (b) above by post or telephone, unless I indicate otherwise by writing with my full contact details to Legal & General Assurance Society, PO Box 274, Bangor, BT19 7WZ.

**Access:** I understand that I have the right to ask for a copy of my information in return for payment of a small fee. To obtain a copy of your information please write to Legal & General at UKSO Business Standards, Legal & General Assurance Society, Brunel House, Cardiff, CF24 0EB.

**Approaching fraud prevention agencies:** Legal & General will check my details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- checking details on applications for credit and credit related or other facilities;
- managing credit and credit related accounts or facilities;
- recovering debt;
- checking details on proposals and claims for all types of insurance;
- checking details of job applicants and employees.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

I understand that I can contact Legal & General at Group Financial Crime, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU if I want to receive details of the relevant fraud prevention agencies.

**I request that Legal & General Assurance Society Limited issue the proposed policy in my name or the business's name and I understand that this request and Declaration, and any other statement signed by the Client(s) in connection with this application, shall be the basis of the proposed contract. I understand that any questions which are subsequently found to have been answered incorrectly will likely mean that a claim will be declined and the policy cancelled. I understand that if more than one Policy Owner has been requested, then each Policy Owner will be required to complete a version of this document.**

Policy Owner signature and date	
/ /	
Date of birth	d d m m y y y y

Policy Owner signature and date	
/ /	
Date of birth	d d m m y y y y

**➔** If you want another policy(ies) to be owned by someone else, please complete another Policy Owner Questionnaire(s) for each. Otherwise, please now go straight to Part 10 (Client Declaration and Consent).

**PART 9**

**Additional Information**

➔ This section only applies if you need more space to answer any questions. If you don't need more space, please now go straight to Part 10.

Client one		Client two	
Part No. and Question No.	Additional information	Part No. and Question No.	Additional information

## PART 10 Client Declaration and Consent

- Please ensure that you have **read the notes** at the beginning of this form.
- You must **read carefully the answers you have given to the questions** before accepting the following Declaration.
- The information you give will form the basis of your contract with Legal & General.
- If you have passed a half birthday while the application is being processed, the terms may differ from those originally quoted.
- In most instances the payments will be as originally quoted. Legal & General may sometimes offer revised terms and/or premiums and very occasionally may not be able to offer the benefits requested. Legal & General will inform you as soon as possible if this is the case.
- **Please remember that all items of information asked for in this application are material facts which are taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions truthfully and accurately it will very likely mean that a claim will be declined and the policy(ies) cancelled. If you are not sure if any information is relevant, please disclose it anyway. If you have given information to Legal & General in the past, please disclose it again. If necessary, please return to the questions and amend your answer in the appropriate place.**
- Legal & General will try to rely on the information you provide and **you must not assume that they will always clarify that information with your doctor (GP)**. However, as part of their administrative procedures, Legal & General may ask for a report from your GP to check medical disclosures. Legal & General may ask you to contact your doctor if they are waiting for reports which they have asked for.
- If Legal & General asks you to attend a medical examination, **it may be necessary to share the application information with another company which they have authorised**. If so, that company will make the arrangements for the examination to take place.

**All Clients – it is important that you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please speak to your financial adviser.**

I/We declare that, to the best of my/our knowledge and belief all the statements made, including anything I/we may have said, are true and complete and have been recorded accurately in this application. Also, I/we agree these statements will form the basis of the insurance contract(s).

I/We understand that if I/we do not give all of the requested information truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled.

**I/We agree to immediately inform Legal & General in writing of any changes to the following answers on the application that occur before the policy starts, about:**

- **medical disclosures;**
- **occupation;**
- **pastimes;**
- **country of residence (other than for holidays);**
- **family history.**

I/We understand that failure to do so may result in the contract being declared void and the benefits due under the policy not being paid.

I/We agree to Legal & General getting relevant information from another insurance company about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise them to give this information.

I/We also agree to Legal & General sharing any medical information obtained in connection with this application with another insurance company to whom I am/we are applying or may apply to in the future. Also, when necessary, sharing it with a reinsurer and/or third party administrator. **See also the paragraph headed 'Sensitive data'.**

I/We understand that Insurers share information with each other to prevent fraudulent claims via a Register of Claims and that a list of participants is available on request. The information I/we supply in this application, together with that provided on any additional medical reports and any other information in the event of a claim, will be given to the Register and made available to other participants.

I/We agree that if the policy is to be set up as joint lives, it will be owned jointly by us or by the survivor of us.

I/We confirm that I/we have received and read the Key Features for this product. I/We understand the features and risks of the product and are satisfied that it meets my/our needs. (If more than one product has been applied for, this applies to all).

### For Income Protection Benefit only

#### Definition of earnings

**You should only cover earnings and benefits that you will no longer receive if you are unable to work.**

**Employed - earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your P11d benefits.**

**Self employed - earnings are defined as your share of annual pre tax profit. This means your share of the total income from the business, less the expenses from running that business as permitted by the HMRC guidelines. Please refer to your Key Features Document for full information.**

I understand that my monthly benefit can't be more than 60% of the first £30,000 of my pre-incapacity earnings and 50% of my pre-incapacity earnings over £30,000, up to a maximum of £16,667 per month. I understand that if, at the time of a claim, the level of benefit stated in my policy exceeds this percentage then my benefit will be reduced.

I understand that if I have applied for Housepersons cover, the maximum monthly benefit is £1,667 per month.

### For all applicants

#### Data Protection

**Use of personal information:** Legal & General takes client privacy very seriously. I/We understand that Legal & General will use the personal information collected via this application and any other information that I/we provide to Legal & General ("my/our information") for the purposes of:

1. Providing me/us with Legal & General products and services and dealing with my/our enquiries and requests;
2. Underwriting and administering my/our policy(ies) including processing claims;
3. Carrying out market research, statistical analysis and client profiling; and
4. Sending me/us marketing information (by post, telephone, email and SMS) about products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its clients.

Please tick this box if you DO want to receive information described in 4.

Client one  Client two

I/We understand that given the global nature of Legal & General's business, it may be necessary to transfer my/our information to countries outside the European Economic Area in order to provide Legal & General's services to me/us.

**Disclosures:** I/We understand that Legal & General will disclose my/our information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of Legal & General's business, suppliers engaged by Legal & General to process data on its behalf and when necessary, to a reinsurer.

If I/we have been dealing with a financial adviser, Legal & General will give them information about the product and, where appropriate, provide them with other information about my/our dealings with Legal & General to enable them to give me/us informed advice.

Where I/we have been introduced to Legal & General by a bank or a building society, Legal & General will share my/our information with them to enable them to:

- (a) carry out market research, statistical analysis and client profiling; and
- (b) send me/us marketing information about their products and services and products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its clients.

By signing this Declaration I/we agree to receive the information as described in (b) above by post or telephone, unless I/we indicate otherwise by writing with my/our full contact details to Legal & General Assurance Society, PO Box 274, Bangor, BT19 7WZ.

**Access:** I/We understand that I/we have the right to ask for a copy of my/our information in return for payment of a small fee. To obtain a copy of your information please write to Legal & General at UKSO Business Standards, Legal & General Assurance Society, Brunel House, Cardiff, CF24 0EB.

**Approaching fraud prevention agencies:** Legal & General will check my/our details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- checking details on applications for credit and credit related or other facilities;
- managing credit and credit related accounts or facilities;
- recovering debt;
- checking details on proposals and claims for all types of insurance;
- checking details of job applicants and employees.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

I/We understand that I/we can contact Legal & General at Group Financial Crime, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU if I/we want to receive details of the relevant fraud prevention agencies.

**Sensitive data:** I/We consent to Legal & General using the medical and health information provided in this application, and any other medical information provided in the course of this application, solely for the purposes of allowing Legal & General to underwrite and administer my/our policy(ies) and/or any subsequent policy and in connection with any claim. My/Our medical information (and other information collected via this application) may be disclosed to Legal & General's reinsurer and to any doctor that Legal & General uses, including my/our own GP, and to any other insurance company I/we apply to for products or services.

I/We confirm that I am/we are a UK resident.

I/We have been told that Legal & General have a formal complaints procedure, details of which will be given to me/us when I/we receive the policy documentation.

I/We have been told that the contract will be governed by the law of England and Wales.

I/We understand that the full terms and conditions of the policy and a copy of the completed application is available on request.

**Access to Medical Reports:** Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

Legal & General may need to get medical reports to support your application. Before they can ask any doctor that you have consulted to fill in a report they need your permission under the above Acts.

This permission is requested below. Your legal rights are as follows:

- You do not need to give your permission, but if you do not Legal & General may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it, in which case please tick the box below, right. If you do this the doctor can see that you require access and keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time the doctor will send the report to Legal & General.
- If you choose not to see the report at this stage you may ask the doctor for a copy within six months of it being sent. Legal & General can send a copy of the report to the doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading you may ask the doctor to amend it. If the doctor refuses to make the amendments you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- The doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- your current health
  - any care, medication or treatment you are currently receiving
  - the results of referrals or tests you are waiting for
- any time off work in the last three years

- your past health
  - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
    - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
    - musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
    - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
    - suicidal thoughts or attempts at suicide; or
    - conditions related to drug or alcohol misuse, or smoking, or chewing tobacco.
  - details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (test on urine), x-rays or other investigations
  - any blood pressure readings in the last three years.
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

Legal & General will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in Legal & General:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to: Claims and Underwriting Director, Legal & General Assurance Society Limited, City Park, The Drove way, Hove BN3 7PY.

**Medical Consent:** If Legal & General decide they need to obtain a report from my/our doctor, I/we agree to them asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so that they may assess my/our application. They may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form.

This form allows Legal & General to gather medical reports within six months of the start of the policy, or to support any claim made on the policy proceeds.

I/We agree that this information can also be used to maintain management information for business analysis.

If Legal & General need to obtain a report from my/our doctor:

- I/We do not want to see the report before it is sent to Legal & General  
 Client one  Client two
- I/We do want to see the report before it is sent to Legal & General  
 Client one  Client two

**Please remember that all items of information requested in this application form are material facts which are taken into account when assessing acceptance of the application and in calculating the premium.**

**If you do not give any of this information or if you mis-state any information, it will very likely mean that a claim will be declined and the policy(ies) cancelled.**

**If you are uncertain as to the relevance of any such information or if you believe that there is any other information which may be relevant, please return to the questions and answer in the appropriate place. If you have given information to Legal & General in the past please disclose it again.**

**I/We confirm that I/we have read and accepted this Declaration and Consent, my/our rights under the Access to Medical Reports Act, and the notes section at the beginning of this form.**

**By signing this Declaration I/we agree to all of the contents.**

**Client one**

**Client two**



Name and date of birth	/ /
Signature and date	/ /

Name and date of birth	/ /
Signature and date	/ /

**PART 11** Direct debit instruction



➔ If you want to pay for different products by direct debit from different bank accounts, you must complete a separate direct debit instruction for each bank account – please ask your Adviser for another direct debit instruction(s), as required.

This direct debit instruction must be **fully completed, signed and dated** before your application can be processed.

																									
<b>Instruction to your bank or building society to pay direct debits</b> Legal & General Assurance Society Limited, Kingswood, Tadworth, Surrey KT20 6EU																									
Originator's Identification Numbers <table border="1" style="margin: auto;"> <tr> <td>8</td><td>0</td><td>6</td><td>1</td><td>6</td><td>2</td> <td>9</td><td>1</td><td>3</td><td>1</td><td>4</td><td>8</td> <td>5</td><td>1</td><td>1</td><td>1</td><td>4</td><td>8</td> <td>9</td><td>9</td><td>6</td><td>8</td><td>4</td><td>1</td> </tr> </table>		8	0	6	1	6	2	9	1	3	1	4	8	5	1	1	1	4	8	9	9	6	8	4	1
8	0	6	1	6	2	9	1	3	1	4	8	5	1	1	1	4	8	9	9	6	8	4	1		
1 Name and full postal address of your bank or building society branch	To: <span style="float: right;">Bank or Building Society</span> Address Postcode																								
2 Bank account name	<input style="width: 100%;" type="text"/>																								
3 Bank or building society account number	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																								
4 Branch sort code	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> </table>			-			-																		
		-			-																				
5 Reference number <i>(Legal &amp; General use only)</i>	<input style="width: 100%; background-color: #e0e0e0;" type="text"/>																								
6 Preferred collection date each month	<input style="width: 100%; height: 20px;" type="text"/>																								
7 Instruction to your bank or building society	Please pay Legal & General Assurance Society Limited 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 Legal & General Assurance Society Limited and, if so, details will be passed electronically to my bank or building society.																								
Banks and building societies may not accept direct debit instructions for some types of account	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 60px; vertical-align: bottom;">                     Signature and date                          / /                 </td> <td style="width: 50%; height: 60px; vertical-align: bottom;">                     Signature and date                          / /                 </td> </tr> </table>	Signature and date     / /	Signature and date     / /																						
Signature and date     / /	Signature and date     / /																								

➔ If you want to pay for another product(s) by direct debit from a different bank account(s), please complete another direct debit instruction for each bank account(s).  
 Otherwise, this is all the information we need, please now cut off the Direct Debit Guarantee below and keep it somewhere safe. Use the checklist overleaf to make sure that you have completed everything that you need to.

Cut off here and keep the Direct Debit Guarantee somewhere safe

	<b>The Direct Debit Guarantee – this guarantee should be detached and retained by the payer</b>	
<ul style="list-style-type: none"> <li>This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme.</li> <li>If an error is made in the payment of your Direct Debit, either by us (Legal &amp; General Assurance Society Limited) or by your bank or building society, you are entitled to a full and immediate refund from your bank branch. Simply contact your Bank or Building Society to arrange a refund or, if you prefer, contact Legal &amp; General and they shall arrange to repay you direct.</li> <li>You can cancel a Direct Debit at any time by simply contacting your bank, building society or us. <b>Written confirmation may be required.</b></li> <li>If there are any changes to the amount, date or frequency of your Direct Debit, Legal &amp; General will notify you in advance of your account being debited; this will be five working days or as otherwise agreed.</li> <li>If you request us to collect a payment, confirmation of the amount and date will be given to you at the time of the request.</li> </ul>		

## Once you've completed your application...

### Check that you've completed everything

It is unlikely that you will need to complete every section of this form in detail, but please make sure that the following parts have been completed (as applicable):

#### Section A Client and product details:

#### Section B Full application details:

##### All Clients (blue parts)

Part 1

Part 2

Part 3

##### Additional questionnaires, as applicable (green parts)

– **Personal Assurance Questionnaire:** if you have ticked 'Yes' to question 7 in Part 1 and require Family or Mortgage Protection. Part 4

– **Business Assurance Questionnaire:** if you have ticked 'Yes' to question 7 in Part 1 and require Business Protection. Part 5

– **Hazardous Pursuits Questionnaire:** if you have ticked any of the activities in question 12 in Part 1. Part 6

– **Medical Questionnaire:** if you have been asked to do so in Part 2. Part 7

– **Policy Owner Questionnaire(s):** if any policy(ies) will be owned by someone other than the Client(s). Part 8

– **Additional Information:** if you require extra space to complete any question. Part 9

##### All Clients (blue parts)

Please make sure that you have also:

– signed, dated and ticked the relevant boxes in the **Declaration**. Part 10

– fully completed, signed and dated the **Direct Debit Instruction(s)**. Part 11

Legal & General Assurance Society Limited  
Registered in England No. 166055  
Registered office: One Coleman Street, London EC2R 5AA  
[www.legalandgeneral.com](http://www.legalandgeneral.com)

W11904 05/10 Approval Number: H105696 Approval Date: 29/04/10

