

Personal Assurance Questionnaire



Please remember that if you do not answer the following questions fully and accurately, it may mean that a claim is not paid or the policy is amended or cancelled.

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

Full Name

Date of Birth

Reference

Full Name							
D	D	M	M	Y	Y	Y	Y
Reference							

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

If this is for business reasons, please do not complete this form. You should instead request a Business Assurance Questionnaire (W1844).

Family Protection	<input type="checkbox"/>	(complete sections A, B, E and F)
Inheritance Tax (IHT)	<input type="checkbox"/>	(complete sections A, C, E and F)
Residential Loan	<input type="checkbox"/>	(complete sections A, D, E and F)
Other (please specify)	<input type="checkbox"/>	(complete sections A, E, F and give full details)

<input type="text"/>		
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To be completed for all applications

1 Do you have, or are you applying for, any other life cover with Legal & General or with another insurance company?

Yes No

If 'Yes', please give details.

This includes any life cover provided by your employer.

If 'Yes' and you need more space, please use Section E, Additional Information.

	Policy 1	Policy 2	Policy 3
Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy type	<input type="text"/>	<input type="text"/>	<input type="text"/>
Length of cover	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Amount of cover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Reason for cover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will this policy remain in force/be going ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other policies to tell us about?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

2 Do you have, or are you applying for, any other critical illness cover with Legal & General or with another insurance company?

If 'Yes' and you need more space, please use Section E, Additional Information.

Yes No

If 'Yes', please give details.

	Policy 1	Policy 2	Policy 3
Company			
Start date			
Policy type			
Length of cover	years	years	years
Amount of cover	£	£	£
Reason for cover			
Will this policy remain in force/be going ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other policies to tell us about?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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

3 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, a partner, partnership or a member of a Limited Liability Partnership – if you do not pay tax under PAYE then declare net taxable earnings.

If your earned income for the current year is less than £10,000, please continue with question 4 otherwise please 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	£

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.**

6 Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following?

Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.

Please ignore any conviction that is spent under the Rehabilitation of Offenders Act.

Please tick only one answer.

Investigated Arrested Charged
 Convicted Prosecution pending No

If you have been investigated, arrested or charged, please give details:

B**Family protection**

7 What is the total value of your liabilities?

£

8 Please give details of the number of dependants you have and their relationship to you.

If you need space for more dependants, please use Section E, Additional Information.

9 If this application is required to cover a liability for Inheritance Tax, then please tick the box.

Inheritance Tax

C**Inheritance tax provision**

10 Please give details of the Inheritance Tax liability and reliefs.

Estimated Inheritance Tax liability.

£

How was your liability calculated?

Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax.

For example business property relief or agricultural property relief.

Is this policy required to cover the Inheritance Tax in respect of a gift?

Yes

No

If 'Yes', please give the date and value of the gift.

D**Private residential loan cover**

11 Please give details of the mortgage(s) or loan(s) to which the protection applies.

What is this mortgage or loan being used to purchase?

Main private residence

Home improvement

Buy to Let property

If 'Other', please give details:

Name(s) of lender(s)

Name(s) of borrower(s)

Mortgage/loan amount

£

Mortgage/loan term

years

Interest rate

%

Type of mortgage or loan:

New or remortgage

Existing arrangement

Repayment basis:

Interest only

Capital and interest

If 'Other', please give details:

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

Yes

No

If 'Yes', please give details:

E**Additional information**

Please use this space to provide us with any additional information.

F**Customer declaration**

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire 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 misstate any information it may mean that a claim is not paid or the policy is amended or cancelled.

I agree that this questionnaire will form part of my application for life, critical illness cover or income protection and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

Signature

X

Customer**Date**

D	D	M	M	Y	Y	Y	Y
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Third party signature (eg accountant, solicitor, bank manager etc)

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

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

Signature

X

Please print your name

Date

D	D	M	M	Y	Y	Y	Y
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Occupation and qualifications**Address**