Business 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.

<table>
<thead>
<tr>
<th>Full Name</th>
</tr>
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<table>
<thead>
<tr>
<th>Date of birth</th>
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<tbody>
<tr>
<td>D M Y Y Y Y</td>
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<table>
<thead>
<tr>
<th>Reference</th>
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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.

- Business Loan Protection (complete sections A, B, E and F)
- Key Person Protection (complete sections A, C, E and F)
- Director, Partnership and Limited Liability Share Protection (complete sections A, D, E and F)
- Company Share Buy Back (complete sections A, D, E and F)
- Other (complete section A and give full details in the ‘Additional Information’ section.)

A To be completed for all applications

1. Do you have, or are you applying for, any other life cover with Legal & General or with another insurance company?
   This includes any life cover provided by your employer.

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

<table>
<thead>
<tr>
<th>Company</th>
<th>Start date</th>
<th>Policy type</th>
<th>Length of cover</th>
<th>Amount of cover</th>
<th>Reason for cover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>years</td>
<td>£</td>
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<td>years</td>
<td>£</td>
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</table>

<table>
<thead>
<tr>
<th>Will this policy remain in force/be going ahead?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have any other policies to tell us about?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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?
   - 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 [ ]  No [ ]
   Do you have any other policies to tell us about? Yes [ ]  No [ ]

   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. Business details
   - Trading name
   - Number of employees
   - How long has the business 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 one year, please provide 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 you answer ‘Yes’ to this question please provide a copy of the last two years’ reports and accounts.
   Reports and accounts are also required when a certain amount of cover is reached. Please speak to your Financial Adviser to see if this applies to you.

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

   **Percentage of shares** | **Current value**
   --- | ---
   | £

   Investigated [ ]  Arrested [ ]  Charged [ ]
   Convicted [ ]  Prosecution pending [ ]  No [ ]

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

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*Business Assurance Questionnaire*
8 Please give details of your business mortgage/loan or forward a copy of the full and final loan offer from your principal lender.

For some applications, a copy of your loan offer or the latest loan statement of interest may need to be provided. Please speak to your Financial Adviser to see if this applies to you.

What is the reason for your mortgage/loan?

- Business premises
- Expansion
- Equipment

If ‘Other’, please give details:

Name(s) of lender(s)

Name(s) of borrower(s)

Mortgage/loan amount £

Mortgage/loan term years Interest rate %

Does the term or amount of cover of this policy differ from the mortgage/loan? If ‘Yes’, please explain why you require this:

Yes No

Type of mortgage/loan New or remortgage Existing arrangement

Repayment basis Interest only Capital and interest

If ‘Other’, please give details:

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

Yes No

If ‘Yes’, please give details.
To be completed for key person protection

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

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

11 What type of work are you engaged in?

12 Please explain the effect your loss would have on the business.
For example, profits may reduce, key contacts may be lost or you may be the guarantor of a loan.

13 Please explain how you have calculated the amount of cover that you need.
For example, this may be the expected loss of profits multiplied by the number of years that it would take the business to recover.

14 Is the business 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?
If ‘Yes’, please give full details including amount of cover, contract types and provider(s) names.
If you need more space, please use Section E, Additional Information.

15 What proportion of the business net profit can fairly be attributed to you?

%  

To be completed for director and partnership share protection

16 What is the total value of the business 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.

£

17 Are any policies being taken out on other shareholders, partners or members, with Legal & General or another insurance company?
If ‘Yes’, please provide details of all applications and state if any of these are with Legal & General.
If you need more space, please use Section E Additional Information.

18 Does the shareholder agreement (cross option or similar) specify the outcome in the event of a critical illness?
Only answer this question if the policy you are taking out includes critical illness.

Yes  No  If ‘Yes’, please give full details

Yes  No  If ‘No’, please tell us why.
Additional information

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

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 mis-state 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

Customer

Date

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

For certain applications the information given in this form needs to be confirmed by an independent third party. These are usually professional people who know the 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

Please print your name

Date

Occupation and qualifications

Address