

Data collection form

Zurich Personal Protection
Zurich Business Protection
Zurich Whole of Life
Zurich Business Whole of Life
Zurich Relevant Life
Zurich Income Protection

This is not an application form and is for Intermediary use only

Client(s) name(s):

Life Assured 1

Life Assured 2

When to use this form

This form is NOT an application form and is only to be used for the interim collection of data from your client to help you with the subsequent completion of an online application on their behalf.

Intermediary guidance

Please fully complete all the relevant questions in this form.

Before completing this form, please ensure your client receives a copy of and reads Zurich Assurance Ltd's (Zurich) data protection leaflet. 'Your privacy is important to us' is available from the Life Protection Platform or you can obtain a copy at www.zurich.co.uk. Please also read the accompanying important notes to your client and ensure that your client is fully aware of their importance.

The form on page 41 does not form part of the submission for an underwriting decision, however we do require the information to be submitted online as part of the policy application.

How to contact us

Call us on 08085 546 546 Monday to Friday 8.30am to 6pm.
We may record or monitor calls to improve our service.

These are important notes that you need to read to your client

The form that we are about to complete together is designed to help me gather the necessary information from you so that I can subsequently complete an online application to Zurich on your behalf. As you will not be present when I complete and submit the application(s), it is important that I take this opportunity to bring certain important matters to your attention.

Please note

- Your application is subject to acceptance by Zurich.
- Completing and submitting an application does not guarantee that Zurich will accept your application and, if they do, on what terms.
- The collection of any payment by Zurich after receiving your application does not necessarily mean that your application has been accepted. Zurich will let you know whether, or not, they have accepted your application.
- The standard terms and conditions for the policy applied for are available on request from me. Alternatively, Zurich can provide these for you. You can phone, email or write to Zurich.

Office address: Zurich Assurance Ltd, Tri Centre One,
New Bridge Square, Swindon, SN1 1HN

Email: applicationsupport@uk.zurich.com

Telephone: 01793 514514

- Zurich policies are only suitable for clients who are UK residents.

Answering the questions – your duty to take reasonable care

- As the information you give me will be used to help me answer Zurich's questions on the application form and any subsequent questions they ask, it is essential that you answer all the questions fully, honestly and accurately, to the best of your knowledge. If you don't answer the questions correctly the policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid.
- Even if information has been provided in a previous application, it must be provided again.
- Please don't assume Zurich will contact your doctor, to ask for any medical or other information.
- Zurich will send you confirmation of the questions and the answers you have given. You will need to check this carefully to make sure the information shown is correct. If you think anything you've told Zurich is wrong, or anything changes up to the policy start date, let Zurich know as soon as possible. If you don't tell Zurich about something that's incorrect your policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided. If your application is accepted you do not have to tell Zurich about any changes that happen after your policy has started unless Zurich ask you to if you apply for an increase or extension in cover.
- You need to make sure that your answers are recorded completely and accurately. Zurich's decision to offer cover, and the terms of that cover, will be based upon the recorded answers and won't take into account any verbal information not otherwise recorded.
- Your duty to take reasonable care to answer all the questions fully, honestly and accurately, to the best of your knowledge also applies to any options you may have under the policy to increase the cover and to any policy Zurich allows you to have that replaces this one.
- As your adviser I am your agent, not Zurich's. I act for you, not Zurich.

Genetic tests

- You must tell Zurich if you have had a genetic test for Huntington's disease and you are applying for more than £500,000 of total life cover. This includes any existing cover you have with Zurich.
- If you wish to tell Zurich about a negative genetic test result, which shows that you have not inherited a genetic disorder. Zurich will take this into account when assessing your application provided that your clinical geneticist confirms to Zurich, in writing, that the test result indicates you have a reduced risk of developing the inherited disease.
- You must tell Zurich if you either (1) have a family history of, (2) are experiencing symptoms of, or (3) are having treatment for a medical condition including any genetically inherited condition.

Access to medical reports

Zurich ask for your written consent to access medical reports which may be required to decide whether to offer you cover and on what terms. Page 44 of this form explains your rights and is followed by a request for consent.

Data protection – your information

You must read the data protection leaflet 'Your privacy is important to us' as this explains how your data will be used. If you do not understand any of the information set out in the leaflet, please ask for more information. Any application will contain a declaration that you have read the leaflet.

- Additionally, any application will contain your consent to Zurich obtaining medical information from any doctor you have consulted about your physical or mental health, in order to assess the application.
- You authorise those asked by Zurich for information (described in the aforementioned leaflet) to provide it on production of a copy of your consent.
- Your doctor or other medical practitioner may choose to fax medical data to Zurich if Zurich needs this information to decide whether to offer you cover and on what terms. They will be given Zurich's underwriting fax machine number, which is located within Zurich's underwriting department and is regularly attended by underwriting staff. It is not used for general faxed communications.
- Zurich's confidentiality policy means that your medical data is held securely and access limited to appropriate individuals with a business need to see it.
- Any relevant information obtained by Zurich during the assessment of your application, in addition to that provided in the application, may be used as part of that assessment and as part of the administration of any claim. Where an application is made on a joint life basis, and where it is reasonable and appropriate to do so, information relating to either party may be considered in relation to the other.

Declaration (to be read out to your client)

Any application will contain the following declaration:

- I/We have answered the questions in this application, and in any additional forms completed in connection with the application, fully, honestly and accurately and the information I/we have provided in response to the questions is, to the best of my/our knowledge, complete and accurate.
- I/We will tell Zurich as soon as possible if anything I/we have told them is wrong, or changes up to the policy start date. I am/We are aware that if I/we don't tell Zurich about something that's incorrect the policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.

For Relevant Life policies

Please note that terminal illness cover under a Relevant Life policy will stop if the life assured is no longer employed by the employer paying the premiums, or if the policy is assigned to the life assured.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

All items are mandatory, including email addresses, for each life to be assured.

Clients

Life Assured 1

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender

Male Female

Nationality

Occupation

Address

Postcode

Phone number

Email address

Correspondence preference Online via website Post

Tobacco or nicotine usage

Please provide accurate information about your client's use of cigarettes including roll ups, vapes and e-cigarettes containing nicotine, cigars, pipes or any other tobacco or nicotine products including patches and gum. This is an important factor in our assessment and payment of claims. We carry out tests to confirm use.

- Regular, Occasional or Social Use
- Completely stopped within 12 months
- Completely stopped between 1 and 3 years ago
- Completely stopped between 3 and 5 years ago
- Completely stopped more than 5 years ago
- Never used

Life Assured 2

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender

Male Female

Nationality

Occupation

Address

Postcode

Phone number

Email address

Correspondence preference Online via website Post

Tobacco or nicotine usage

Please provide accurate information about your client's use of cigarettes including roll ups, vapes and e-cigarettes containing nicotine, cigars, pipes or any other tobacco or nicotine products including patches and gum. This is an important factor in our assessment and payment of claims. We carry out tests to confirm use.

- Regular, Occasional or Social Use
- Completely stopped within 12 months
- Completely stopped between 1 and 3 years ago
- Completely stopped between 3 and 5 years ago
- Completely stopped more than 5 years ago
- Never used

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 1

If you have not already produced a quote, please complete this page with details of the first product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 7. If not, please go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured Life 1 Life 2

Deferred period type Single Dual

Income Protection Select cover Yes No

Increasing cover: Yes No

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Claim period: 2 years Full term

Annual gross earnings: £

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Multi-fracture cover* Yes No

Deferred period (weeks) 4 8 13 26 52 104

Benefit amount (monthly): £ OR **Premium** (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 13 26 52 104

Benefit amount (monthly): £

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single Life 2 – Single

Cover type: Level Decreasing Increasing

Term: years OR To age

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes No

Is this policy mortgage related? Yes No

Is this a replacement of another Zurich policy? Yes No

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 2

If you have not already produced a quote, please complete this page with details of the second product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 9. If not, please go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured Life 1 Life 2

Deferred period type Single Dual

Income Protection Select cover Yes No

Increasing cover: Yes No

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Claim period: 2 years Full term

Annual gross earnings: £

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Multi-fracture cover* Yes No

Deferred period (weeks) 4 8 13 26 52 104

Benefit amount (monthly): £ OR **Premium** (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 13 26 52 104

Benefit amount (monthly): £

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single Life 2 – Single

Cover type: Level Decreasing Increasing

Term: years OR To age

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes No

Is this policy mortgage related? Yes No

Is this a replacement of another Zurich policy? Yes No

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 3

If you have not already produced a quote, please complete this page with details of the third product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 11. If not, please go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured	Life 1 <input type="checkbox"/>	Life 2 <input type="checkbox"/>				
Deferred period type	Single <input type="checkbox"/>	Dual <input type="checkbox"/>				
Income Protection Select cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Increasing cover:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Term:	<input type="text"/> years	OR <input type="text"/> To age				
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>				
Claim period:	2 years <input type="checkbox"/>	Full term <input type="checkbox"/>				
Annual gross earnings:	<input type="text"/> £					
Rate of increasing cover (only complete if selected increasing cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>			
Multi-fracture cover*		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Deferred period (weeks)	4 <input type="checkbox"/>	8 <input type="checkbox"/>	13 <input type="checkbox"/>	26 <input type="checkbox"/>	52 <input type="checkbox"/>	104 <input type="checkbox"/>
Benefit amount (monthly):	<input type="text"/> £	OR Premium (only available if single deferred period selected):	<input type="text"/> £			

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above)	8 <input type="checkbox"/>	13 <input type="checkbox"/>	26 <input type="checkbox"/>	52 <input type="checkbox"/>	104 <input type="checkbox"/>
Benefit amount (monthly):	<input type="text"/> £				

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type:	Life 1 – Single <input type="checkbox"/>	Life 2 – Single <input type="checkbox"/>	
Cover type:	Level <input type="checkbox"/>	Decreasing <input type="checkbox"/>	Increasing <input type="checkbox"/>
Term:	<input type="text"/> years	OR <input type="text"/> To age	
Sum assured:	<input type="text"/> £	OR Premium amount:	<input type="text"/> £
Premium frequency (yearly can only be chosen if the term is specified in years):	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	
Rate of increasing cover (only complete if selected increasing cover above):	RPI <input type="checkbox"/>	3% <input type="checkbox"/>	5% <input type="checkbox"/>
Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):	<input type="text"/>		

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this policy mortgage related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a replacement of another Zurich policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 4

If you have not already produced a quote, please complete this page with details of the fourth product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 13. If not, please go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured Life 1 Life 2

Deferred period type Single Dual

Income Protection Select cover Yes No

Increasing cover: Yes No

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Claim period: 2 years Full term

Annual gross earnings: £

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Multi-fracture cover* Yes No

Deferred period (weeks) 4 8 13 26 52 104

Benefit amount (monthly): £ OR **Premium** (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 13 26 52 104

Benefit amount (monthly): £

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single Life 2 – Single

Cover type: Level Decreasing Increasing

Term: years OR To age

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes No

Is this policy mortgage related? Yes No

Is this a replacement of another Zurich policy? Yes No

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 5

If you have not already produced a quote, please complete this page with details of the fifth product you wish to add to your application. Once you have completed this page, if you wish to add another product, please go to page 15. If not, please go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured Life 1 Life 2

Deferred period type Single Dual

Income Protection Select cover Yes No

Increasing cover: Yes No

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Claim period: 2 years Full term

Annual gross earnings: £

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Multi-fracture cover* Yes No

Deferred period (weeks) 4 8 13 26 52 104

Benefit amount (monthly): £ OR **Premium** (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 13 26 52 104

Benefit amount (monthly): £

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single Life 2 – Single

Cover type: Level Decreasing Increasing

Term: years OR To age

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes No

Is this policy mortgage related? Yes No

Is this a replacement of another Zurich policy? Yes No

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Product 6

If you have not already produced a quote, please complete this page with details of the sixth product you wish to add to your application. Otherwise go to page 17.

Cover details – Protection

Personal Protection **Business Protection***

Policy type: Life 1 – Single Life 2 – Single Joint Life

Cover type: Level Decreasing Increasing

Critical illness: Yes No

Sum assured: £ OR **Premium amount:** £

Term: years OR To age

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Product Options

Critical Illness Select cover** Yes No

Children's Benefit** Yes No

Renewal option (not available on decreasing cover or with conversion option) Yes No

Conversion option (not available on decreasing cover or with renewal option) Yes No

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>
Total Permanent Disability**	<input type="checkbox"/>	<input type="checkbox"/>
Multi-fracture cover***	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

** Only available if Critical illness is selected.

*** Only available on Personal Protection where the life assured is the policyholder. Multi-fracture cover can only be on one Zurich policy.

Cover details – Whole of Life

Whole of Life **Business Whole of Life***

Policy type: Life 1 – Single Life 2 – Single Joint Life 1st Death Joint Life 2nd Death
(not available for Business Whole of Life cover)

Increasing cover: Yes No

Sum assured: £ OR **Premium amount:** £

Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly

Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%

	Life 1	Life 2
Waiver of premium	<input type="checkbox"/>	<input type="checkbox"/>

* Please also complete the relevant sections on pages 18, 41 and 42.

Cover details – Income Protection

Life Assured Life 1 Life 2
Deferred period type Single Dual
Income Protection Select cover Yes No
Increasing cover: Yes No
Term: years OR To age
Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly
Claim period: 2 years Full term
Annual gross earnings: £
Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%
Multi-fracture cover* Yes No
Deferred period (weeks) 4 8 13 26 52 104
Benefit amount (monthly): £ OR **Premium** (only available if single deferred period selected): £

Only complete the below if 'dual' has been selected as the deferred period type (above).

Deferred period (this must be greater than the deferred period selected above) 8 13 26 52 104
Benefit amount (monthly): £

* Multi-fracture cover can only be on one Zurich policy.

Cover details – Relevant Life

Policy type: Life 1 – Single Life 2 – Single
Cover type: Level Decreasing Increasing
Term: years OR To age
Sum assured: £ OR **Premium amount:** £
Premium frequency (yearly can only be chosen if the term is specified in years): Monthly Yearly
Rate of increasing cover (only complete if selected increasing cover above): RPI 3% 5%
Decreasing cover interest rate % (please enter either 2, 4, 6, 8, 10, 12, 14, 16 or 18) (only complete if selected decreasing cover above):

Please note, for Relevant Life cover the policyholder must be a company and be different to the Life Assured therefore please complete page 18. Additionally, you will need to send us a completed trust form – templates are available on our website at www.zurichintermediary.co.uk. We will wait until we receive the trust form before taking any action.

Other details

Advice given? Yes No
 Is this policy mortgage related? Yes No
 Is this a replacement of another Zurich policy? Yes No

If "Yes" enter the policy numbers being replaced

Policy numbers

When does the client want this policy to start?

Is this policy to be written in trust before issue? Yes No

If you are using a paper trust we recommend you return the trust to us ahead of the start date you choose for the policy so we can check the trust is completed correctly before the policy issues. You'll need to include the policy number on the trust, which you will be provided with as part of the online submission.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Ownership

Are any of the products selected as part of this application to be owned by someone other than the life assured?

Yes No

If "Yes", please complete this form. If "No", go to page 19.

Life of another – Individual policyholder

If the policy is to be issued to the trustees of an existing trust, please make sure they are aware that all correspondence and notices will be sent to the first named trustee only, except for cancellation notices which will be sent to each policyholder.

Individual policyholder 1

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 Product 2 Product 3

Product 4 Product 5 Product 6

Individual policyholder 3

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 Product 2 Product 3

Product 4 Product 5 Product 6

Individual policyholder 2

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 Product 2 Product 3

Product 4 Product 5 Product 6

Individual policyholder 4

Mr Mrs Miss Other title

First name

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality

Address

Postcode

Phone number

Email

Which product(s) does this policyholder own?

Product 1 Product 2 Product 3

Product 4 Product 5 Product 6

Life of another – Corporate policyholder

If your client is applying for a Relevant Life policy, you need to make sure they're aware that terminal illness cover will stop if the life assured is no longer employed by the employer paying the premiums, or if the policy is assigned to the life assured.

Company name

Companies House registration number

Registered address

Postcode

Email

Phone number

What Policy(ies) do these details apply to:

All products Product 1 Product 2 Product 3 Product 4 Product 5 Product 6

Company name

Companies House registration number

Registered address

Postcode

Email

Phone number

What Policy(ies) do these details apply to:

All products Product 1 Product 2 Product 3 Product 4 Product 5 Product 6

Company name

Companies House registration number

Registered address

Postcode

Email

Phone number

What Policy(ies) do these details apply to:

All products Product 1 Product 2 Product 3 Product 4 Product 5 Product 6

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

When keying the following details online at the 'Underwriting options' page, please select 'Fixed' questions if your client is not available to answer any further detailed questions that might be asked online.

Underwriting – Height, weight and habits

Life 1	Life 2
What is your height? <input style="width: 40px;" type="text"/> ft <input style="width: 40px;" type="text"/> in or <input style="width: 60px;" type="text"/> m	What is your height? <input style="width: 40px;" type="text"/> ft <input style="width: 40px;" type="text"/> in or <input style="width: 60px;" type="text"/> m
What is your weight? <input style="width: 40px;" type="text"/> st <input style="width: 40px;" type="text"/> lb or <input style="width: 60px;" type="text"/> kg	What is your weight? <input style="width: 40px;" type="text"/> st <input style="width: 40px;" type="text"/> lb or <input style="width: 60px;" type="text"/> kg

Life 1

Life 2

If 'Regular, Occasional or Social Use' smoker please confirm the type and amount smoked on average **each day**. For 'Vape or e-cigarettes' and 'Nicotine replacement' no quantity is required. For 'Other tobacco' please detail what this is and the quantity.

cigarettes
cigars
grams of tobacco for pipe use
vape or e-cigarettes
nicotine replacement
other tobacco

cigarettes
cigars
grams of tobacco for pipe use
vape or e-cigarettes
nicotine replacement
other tobacco

Other tobacco details

Do you drink alcohol?

If "Yes" how often do you have a drink containing alcohol?

How many drinks containing alcohol do you have on a typical day when you are drinking?
For example, a drink is a glass of wine, a glass or bottle of beer or a measure of spirits.

Yes **No – go to next question**

<input type="checkbox"/> once a month or less
<input type="checkbox"/> 2 to 4 times a month
<input type="checkbox"/> 2 times a week
<input type="checkbox"/> 3 times a week
<input type="checkbox"/> 4 times a week
<input type="checkbox"/> 5 times a week
<input type="checkbox"/> 6 times a week
<input type="checkbox"/> daily
<input type="checkbox"/> 1 or 2 drinks
<input type="checkbox"/> 3 or 4 drinks
<input type="checkbox"/> 5 or 6 drinks
<input type="checkbox"/> 7 drinks
<input type="checkbox"/> 8 drinks
<input type="checkbox"/> 9 drinks
<input type="checkbox"/> 10 or more drinks

Yes **No – go to next question**

<input type="checkbox"/> once a month or less
<input type="checkbox"/> 2 to 4 times a month
<input type="checkbox"/> 2 times a week
<input type="checkbox"/> 3 times a week
<input type="checkbox"/> 4 times a week
<input type="checkbox"/> 5 times a week
<input type="checkbox"/> 6 times a week
<input type="checkbox"/> daily
<input type="checkbox"/> 1 or 2 drinks
<input type="checkbox"/> 3 or 4 drinks
<input type="checkbox"/> 5 or 6 drinks
<input type="checkbox"/> 7 drinks
<input type="checkbox"/> 8 drinks
<input type="checkbox"/> 9 drinks
<input type="checkbox"/> 10 or more drinks

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Height, weight and habits (continued)

Life 1

Life 2

Have you ever been advised or treated for alcohol consumption or abuse, or attended an alcohol support group, or been told that you have any liver damage?

Yes No – go to next question

Yes No – go to next question

If "Yes" how long ago was this?

- up to 6 months ago
- 6 months to 12 months ago
- 1 to 2 years ago
- 2 to 3 years ago
- 3 to 4 years ago
- 4 to 5 years ago
- 5 to 10 years ago
- more than 10 years ago

- up to 6 months ago
- 6 months to 12 months ago
- 1 to 2 years ago
- 2 to 3 years ago
- 3 to 4 years ago
- 4 to 5 years ago
- 5 to 10 years ago
- more than 10 years ago

Why were you advised to reduce your alcohol intake?

Please give details of any current symptoms, investigations or time off work.

In the last 10 years, have you used recreational drugs such as cannabis, ecstasy, cocaine, heroin, amphetamines, or anabolic steroids?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide further information.

Drug 1

Which drug did you use?

How often do you or did you use this drug?

Do you or did you inject this type of drug?

Yes No

When did you last use this type of drug?

Drug 2

Which drug did you use?

How often do you or did you use this drug?

Do you or did you inject this type of drug?

Yes No

When did you last use this type of drug?

Yes No

Yes No

If you have used more drugs please use a continuation sheet for this information.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Occupation

Life 1

Life 2

Does your occupation involve: working externally at heights over 50ft (15m)*, offshore in oil, gas or fishing industries*, underground*, handling explosives*, flying, diving*, or are you in the armed forces, including reserve or territorial forces?

If you have answered "Yes" to the items marked with a * we will require additional information so please also complete an Occupation Questionnaire. If you do this before you complete the online application you will have an opportunity to provide the information electronically.

Yes No – go to next question

- working externally at heights over 50 feet/15 metres*
- working offshore in the oil or gas industry*
- working offshore in the fishing industry*
- working underground*
- handling explosives*
- flying (please complete an aviation questionnaire)
- diving*
- member of the armed forces or armed forces reserves (please complete an armed forces questionnaire)

Yes No – go to next question

- working externally at heights over 50 feet/15 metres*
- working offshore in the oil or gas industry*
- working offshore in the fishing industry*
- working underground*
- handling explosives*
- flying (please complete an aviation questionnaire)
- diving*
- member of the armed forces or armed forces reserves (please complete an armed forces questionnaire)

Please answer the four questions below if you are applying for Total Permanent Disability or Income Protection.

Do you work less than 16 hours per week?

Yes No – go to next question

Yes No – go to next question

Are you required to drive for your occupation, excluding commuting to and from a single place of work?

Yes No – go to next question

Yes No – go to next question

If "Yes", please confirm your annual business mileage.

Do you work with machinery or tools or does your work involve bending, lifting or carrying heavy items?

Yes No – go to next question

Yes No – go to next question

If "Yes", please describe what your work involves and what percentage of your time you spend using machinery, tools, bending, lifting or carrying heavy items.

Do you spend time working outdoors, e.g. site visits?

Yes No – go to next question

Yes No – go to next question

If "Yes", what percentage of your time is spent working outdoors?

Please answer this question if you are applying for Waiver of Premium, Total Permanent Disability or Income Protection.

Do you have more than one occupation?

Yes No – go to next question

Yes No – go to next question

If "Yes", please provide full details including job title, duties and weekly hours.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Past health

Life 1

Life 2

Do you currently have, or have you ever had:

diabetes, raised blood glucose or sugar in the urine?

Select all that apply.

If you have selected type 1 or 2 diabetes please answer the diabetes additional questions on page 33.

If you have selected other condition(s) please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

Yes No – go to next question

- type 1 diabetes
 type 2 diabetes
 other condition(s)

Yes No – go to next question

- type 1 diabetes
 type 2 diabetes
 other condition(s)

any heart disease or disorder, such as heart attack, angina, heart related chest pain, heart enlargement, heart failure, irregular or rapid heart beat, heart valve defect, or any other heart condition?

If "Yes" please provide the name(s) of the condition and complete the general medical additional questions on page 36.

Yes No – go to next question

Yes No – go to next question

a disorder or abnormality of the blood vessels or arteries such as narrowing, blockages, blood clots or deep vein thrombosis (DVT)?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical questions on page 36.

Yes No – go to next question

Yes No – go to next question

a stroke, transient ischaemic attack (TIA), mini stroke, brain haemorrhage, brain aneurysm or any damage or surgery to the brain?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

Yes No – go to next question

Yes No – go to next question

cancer, leukaemia, Hodgkin's disease, melanoma, lymphoma, brain or spinal tumours or growths?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

Yes No – go to next question

Yes No – go to next question

schizophrenia, bi-polar disorder, manic depression, attempted suicide, episode of self harm, an eating disorder, or any other mental illness that has required a stay in hospital or referral to a psychiatrist?

If "Yes" please provide the name(s) of the condition(s) and complete the general medical questions on page 36.

Yes No – go to next question

Yes No – go to next question

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Past health (continued)

Life 1

Life 2

Do you currently have, or have you ever had:

any disorder of the nervous system such as multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, cerebral palsy, motor neurone disease, dementia or memory loss?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any disease or disorder of the liver or pancreas such as any form of hepatitis, abnormal liver function test, fatty liver, cirrhosis or pancreatitis?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

a positive test for HIV or are you awaiting the results of an HIV test? (If the result is negative, having an HIV test will not on its own, have any effect on your acceptance terms for insurance.)

Yes No – go to next question

Yes No – go to next question

HIV positive

awaiting HIV test results

HIV positive

awaiting HIV test results

If HIV positive please complete the general medical additional questions on page 36.

If "awaiting HIV test" when do you expect the test results to be available?

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Recent health

Life 1

Life 2

In the last 5 years, unless you have already told us earlier in this application, have you had, or been advised to take any medication or have treatment for:

raised blood pressure or raised cholesterol?

Yes No – go to next question

Yes No – go to next question

If "Yes" please answer the raised blood pressure or raised cholesterol additional questions on pages 33 and 34.

raised blood pressure
 raised cholesterol

raised blood pressure
 raised cholesterol

anxiety, stress, depression, chronic fatigue, obsessive compulsive disorder, or other mental illness?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the mental illness additional questions on page 35.

any respiratory or lung disease or disorder such as asthma, bronchitis or COPD?

Yes No – go to next question

Yes No – go to next question

Select all that apply.

If "Yes" to asthma, please complete the additional asthma questions on page 34.

If "Yes" to "other respiratory disease/disorder", please provide the name of the condition and complete the general medical questions on page 36.

asthma
 other respiratory disease or disorder

asthma
 other respiratory disease or disorder

any kidney disease or disorder such as any form of nephritis, cysts or recurrent kidney stones?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any disease or disorder of the bladder or urinary tract such as recurrent infections or protein or blood in the urine?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any thyroid disorder?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any disease or disorder of the stomach, bowel or digestive system such as ulcers, ulcerative colitis, or Crohn's disease?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Recent health (continued)

Life 1

Life 2

In the last 5 years, unless you have already told us earlier in this application, have you had, or been advised to take any medication or have treatment for:

any tremor, numbness, loss of feeling or tingling in the limbs or face, blurred vision, loss of balance or co-ordination, epilepsy or loss of muscle power?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any lump, cyst, growth or polyp, or a mole or freckle that has bled or changed in appearance?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

anaemia or other blood disorders such as haemochromatosis or haemophilia?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any disease or disorder of the back, bones or joints, such as arthritis, whiplash, sciatica, slipped disc, psoriasis or gout?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

any disease or disorder of the eyes or ears such as double vision or visual impairment in one or both eyes, or ringing in one or both ears, tinnitus, labyrinthitis or Meniere's disease? (You don't need to tell us about sight problems corrected by glasses or contact lenses.)

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

This question is only for female lives.

any biopsy or ultrasound of the breast, cervix, ovary or uterus, an abnormal mammogram or an abnormal cervical smear? (You don't need to tell us about any tests in connection with routine pregnancy).

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

This question is only for male lives.

any disease or disorder of the prostate or testicle, such as raised Prostate Specific Antigen (PSA) or undescended testicle?

Yes No – go to next question

Yes No – go to next question

If "Yes" please provide the name(s) of the condition(s) and complete the general medical additional questions on page 36.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Current Health

Life 1

Life 2

Other than for the conditions you have already told us about earlier in this application:

are you aware of any symptoms that you intend to seek medical advice or treatment for, or are you waiting for any test results, appointments or investigations with your doctor or other medical professional?

Yes No – go to next question

intend to seek medical advice or treatment

waiting for a test result, appointment or investigation

If "Yes" to "intend to seek medical advice or treatment";

Please give full details of why you are intending to seek medical advice or treatment.

When do you intend to do this?

If "Yes" to "waiting for a test result, appointment or investigation";

What type of test result, appointment or investigation are you awaiting?

When do you expect the result to be available or for the appointment or investigation to take place?

Yes No – go to next question

intend to seek medical advice or treatment

waiting for a test result, appointment or investigation

in the last 2 years have you had any medication or treatment that lasted more than four weeks? (You don't need to tell us about oral contraceptive pill, iron supplements during pregnancy, hormone replacement therapy (HRT) or treatment for minor accidents.)

Yes No – go to next question

Yes No

If "Yes", do these treatments relate only to medical conditions you have already told us about?

If "No", please give full details of the type of drugs, medicines, tablets or other treatment and the condition or symptoms being treated.

Yes No – go to next question

Yes No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Current health (continued)

Life 1

Life 2

Please answer the following question if you are applying for Waiver of Premium, Total Permanent Disability or Income Protection.

In the last 2 years, have you had more than 10 consecutive days off work or had any limitation or restriction on your ability to perform your daily activities?

Yes No – go to next question

Yes No – go to next question

If "Yes", in total how many days was this?

Please provide the reasons for the absence.

Other than for the conditions you have already told us about earlier in this application:

in the last 3 months have you had any symptoms of ill health, such as unexplained bleeding, weight loss, change of bowel habit, unexplained lump or growth, breathing problems or shortness of breath, or a cough that's lasted for 4 weeks or more?

Select all that apply.

Yes No – go to next question

Yes No – go to next question

- unexplained bleeding
- unexplained weight loss
- change of bowel habit
- unexplained lump or growth
- breathing problems or shortness of breath
- a cough that's lasted 4 weeks or more
- other symptoms of ill health

- unexplained bleeding
- unexplained weight loss
- change of bowel habit
- unexplained lump or growth
- breathing problems or shortness of breath
- a cough that's lasted 4 weeks or more
- other symptoms of ill health

If "Yes" to "other symptoms of ill health", what symptoms of ill health do you have?

If "Yes" to any of the options, please answer the following questions

When did this start?

Have you seen a doctor for this?

If "Yes", (to Have you seen a doctor for this?), are you awaiting any further tests, investigations or referral to a specialist?

If "Yes", (to Are you awaiting any further tests, investigations or referral to a specialist?), when is the next appointment due?

If "No", (to Have you seen a doctor for this?), are you intending to see a doctor?

If "Yes" (to Are you intending to see a doctor?), when do you expect to be seen?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health

Life 1

Life 2

Have any of your natural parents, brothers or sisters been diagnosed with any of the following before their 65th birthday:

breast, bowel/colon, ovarian* or other cancer?

Yes No – go to next question

Yes No – go to next question

Condition 1

Condition 1

Number of relatives

Number of relatives

Age at onset of disease:

Age at onset of disease:

Youngest

Youngest

2nd youngest

2nd youngest

Condition 2

Condition 2

Number of relatives

Number of relatives

Age at onset of disease:

Age at onset of disease:

Youngest

Youngest

2nd youngest

2nd youngest

If "other cancer, please also specify the type."

***For female applicants with a family history of ovarian cancer in 2 or more family members, please answer the following questions:**

As a result of your family history of ovarian cancer, have you needed any tests, investigations or treatment, including the removal of both ovaries (a bilateral oophorectomy)?

Yes No – go to next question

Yes No – go to next question

Please note, if you wish to tell us about a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account.

If "Yes", how long ago was this?

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

Have any of your natural parents, brothers or sisters been diagnosed with any of the following before their 65th birthday:

diabetes, heart attack, angina, stroke or heart disease?

Yes No – go to next question

Yes No – go to next question

Condition 1

Number of relatives _____

Age at onset of disease: _____

Youngest _____

2nd youngest _____

Condition 1

Number of relatives _____

Age at onset of disease: _____

Youngest _____

2nd youngest _____

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

Condition 2

Number of relatives _____

Age at onset of disease: _____

Youngest _____

2nd youngest _____

Condition 2

Number of relatives _____

Age at onset of disease: _____

Youngest _____

2nd youngest _____

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

multiple sclerosis, dementia or Alzheimer's disease, Parkinson's disease, cardiomyopathy*, motor neurone disease, polycystic kidney disease, Huntington's disease, muscular dystrophy, polyposis coli or any other hereditary disorder?**

Yes No – go to next question

Yes No – go to next question

- family history of multiple sclerosis
- family history of dementia or Alzheimer's disease
- family history of Parkinson's disease
- family history of cardiomyopathy
- family history of motor neurone disease
- family history of polycystic kidney disease
- family history of Huntington's disease
- family history of muscular dystrophy
- family history of polyposis coli
- family history of Charcot-Marie-Tooth disease
- family history of other hereditary disorders

- family history of multiple sclerosis
- family history of dementia or Alzheimer's disease
- family history of Parkinson's disease
- family history of cardiomyopathy
- family history of motor neurone disease
- family history of polycystic kidney disease
- family history of Huntington's disease
- family history of muscular dystrophy
- family history of polyposis coli
- family history of Charcot-Marie-Tooth disease
- family history of other hereditary disorders

Select all that apply.

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Family health (continued)

Life 1

Life 2

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

If 3 or more family members suffer the same condition(s) please provide the number of family members and their ages when the condition(s) first occurred.

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 1

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

Condition 2

Number of relatives

Age at onset of disease:

Youngest

2nd youngest

***If you have a family history of cardiomyopathy, please answer the following questions:**

Please give the type of cardiomyopathy if known, the dates, type of investigation(s) or surgery, results and details of any planned review or follow up.

****If you have a family history of polycystic kidney disease, please answer the following questions:**

As a result of your family history of polycystic kidney disease, have you had a CT scan or ultrasound scan?

Yes No – go to next question

Yes No – go to next question

If "Yes", how old were you when these investigations were last carried out?

If "Yes", how old were you when these investigations were last carried out?

Were the results of these investigations normal or negative?

Were the results of these investigations normal or negative?

Yes No
 Don't know

Yes No
 Don't know

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Travel

	Life 1	Life 2
<p>In the last 5 years, have you spent more than 30 consecutive days in Africa, Thailand, The Caribbean, Russia, Ukraine, Afghanistan, Iraq, Syria or area of civil unrest?</p> <p>If "Yes", where did you travel to? _____ _____</p> <p>When did you travel there? _____ _____</p> <p>How long did you travel there for? _____</p> <p>What was the reason for the travel? _____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>In the next 2 years, do you expect to travel, live or work outside the United Kingdom, European Union, North America, Australia or New Zealand. (You don't need to tell us about a total of 30 days holiday each year or the reason for your travel.)</p> <p>If "Yes" please provide the country and how long you intend to spend in this country each year (in weeks) _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p>_____</p>

Underwriting – Activities

	Life 1	Life 2
<p>Do you take part, or intend to take part in diving, caving or potholing, climbing or mountaineering, flying or other aviation based activity (other than as aircrew or as a fare paying passenger), motor sport, or other hazardous pursuit? (You don't need to tell us about gift experiences, track days, charity parachute jumps or try dives.)</p> <p>Select all that apply.</p> <p>If you have answered "Yes" to the items marked with a * we will require additional information so please also complete a Pursuits Questionnaire. If you have answered "Yes" to the item marked with ** we will require additional information so please also complete an Aviation Questionnaire. If you do this before you complete the online application you will have an opportunity to provide the information electronically. The questionnaires are available on our website.</p> <p>If "Yes" to "other hazardous pursuits" please provide the name of the pursuit. _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> canoeing or kayaking*</p> <p><input type="checkbox"/> caving or potholing*</p> <p><input type="checkbox"/> climbing or mountaineering*</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> flying or other aviation based activity**</p> <p><input type="checkbox"/> motor sport (car or bike)*</p> <p><input type="checkbox"/> sailing or yachting*</p> <p><input type="checkbox"/> skiing or snowboarding</p> <p><input type="checkbox"/> other hazardous pursuit*</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> canoeing or kayaking*</p> <p><input type="checkbox"/> caving or potholing*</p> <p><input type="checkbox"/> climbing or mountaineering*</p> <p><input type="checkbox"/> diving*</p> <p><input type="checkbox"/> flying or other aviation based activity**</p> <p><input type="checkbox"/> motor sport (car or bike)*</p> <p><input type="checkbox"/> sailing or yachting*</p> <p><input type="checkbox"/> skiing or snowboarding</p> <p><input type="checkbox"/> other hazardous pursuit*</p> <p>_____</p>
<p>In the last 5 years have you been banned from driving?</p> <p>If "Yes", when were you banned from driving?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> Within the last year</p> <p><input type="checkbox"/> 1 to 2 years ago</p> <p><input type="checkbox"/> 2 to 3 years ago</p> <p><input type="checkbox"/> 3 to 4 years ago</p> <p><input type="checkbox"/> 4 to 5 years ago</p> <p><input type="checkbox"/> 5 years or more ago</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question</p> <p><input type="checkbox"/> Within the last year</p> <p><input type="checkbox"/> 1 to 2 years ago</p> <p><input type="checkbox"/> 2 to 3 years ago</p> <p><input type="checkbox"/> 3 to 4 years ago</p> <p><input type="checkbox"/> 4 to 5 years ago</p> <p><input type="checkbox"/> 5 years or more ago</p>

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Activities (continued)

	Life 1	Life 2
Why were you banned from driving?	<input type="checkbox"/> drink-driving* <input type="checkbox"/> drug-driving* <input type="checkbox"/> speeding <input type="checkbox"/> accumulation of penalty points (endorsements)* <input type="checkbox"/> other reason*	<input type="checkbox"/> drink-driving* <input type="checkbox"/> drug-driving* <input type="checkbox"/> speeding <input type="checkbox"/> accumulation of penalty points (endorsements)* <input type="checkbox"/> other reason*
If "Yes" to one of the reasons marked with an "*", please answer the following questions.		
If "Yes", has the DVLA given you your licence back?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", when do you expect to get your licence back?	_____	_____
If "Yes" to "other reason", what was the reason?	_____	_____

Underwriting – Other information

	Life 1	Life 2
Apart from this application, have you applied to us for any life insurance, critical illness or income protection in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question
Will the amount of cover you are now applying for, added to the amount you already hold with any insurance company, exceed £1million life cover or £500,000 Critical Illness cover? (You don't need to include any other cover that you don't intend to proceed with.)	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question
	Existing life cover £ _____	Existing life cover £ _____
	Who is this with? _____	Who is this with? _____
	Existing critical illness cover £ _____	Existing critical illness cover £ _____
	Who is this with? _____	Who is this with? _____

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Doctor

	Life 1	Life 2
Has your client been registered with a doctor in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide the doctors details.	Dr Initials _____ Surname _____ Address _____ _____ Telephone _____	Dr Initials _____ Surname _____ Address _____ _____ Telephone _____
Asking for this doesn't mean we'll automatically request a medical report.		

If you have answered "Yes" to the any of the questions where additional information is needed, please complete the appropriate additional questions below. If not, please move to the next section.

Underwriting – Additional questions

	Life 1	Life 2
Diabetes additional questions		
How long ago was your diabetes diagnosed?	_____	_____
Since you were told you had diabetes, have you been admitted to hospital for one night or more due to your diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had, been advised to have or are you waiting to have laser treatment to your eyes due to diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been told by your GP or any medical professional that you have protein in your urine due to diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have, or have you ever had, tingling, numbness or loss of sensation in your fingers, toes or feet due to diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was your latest HbA1c?	_____	_____
When was this taken?	_____	_____

	Life 1	Life 2
Raised blood pressure additional questions		
How long ago was your blood pressure first found to be raised?	_____	_____
Are you currently receiving any treatment or medication for your blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long ago was your blood pressure last checked by a doctor or nurse?	_____	_____
Have you been told by a doctor or nurse that your blood pressure is normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Have you had or are you waiting for any hospital tests or investigations related to your raised blood pressure, such as heart investigations, kidney tests or eye screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

Life 1

Life 2

Raised cholesterol additional questions

Have you been told that your raised cholesterol is linked to a family history of raised cholesterol?

Yes No

Yes No

How long ago was your cholesterol first found to be raised?

Yes No

Yes No

Are you currently receiving any treatment or medication for your cholesterol?

How long ago was your cholesterol last checked by a doctor or nurse?

Yes No

Yes No

Have you been told by a doctor or nurse that your cholesterol is normal?

Don't know

Don't know

Have you had or are you waiting for any hospital tests or investigations related to your raised cholesterol, such as heart investigations, kidney tests or eye screening?

Yes No

Yes No

Asthma additional questions

Please answer all of the questions in this section. However, not all information may be required when keying the application into our online system.

Have you been admitted to hospital for your asthma within the last 5 years?

Yes No

Yes No

If "Yes" when were you admitted?

Within the last 6 months

Within the last 6 months

6 to 12 months ago

6 to 12 months ago

1 to 2 years ago

1 to 2 years ago

2 to 3 years ago

2 to 3 years ago

3 to 5 years ago

3 to 5 years ago

If you were admitted within the last year please confirm which month.

How many times have you been prescribed steroid tablets for your asthma in the last year, e.g. prednisolone? You do not need to tell us about steroid inhalers.

none

none

once

once

two times

two times

more than two times

more than two times

Did you have a chest infection at the time you were prescribed steroid tablets?

Yes No

Yes No

How often do you have symptoms such as wheezing, breathlessness, a cough or tight chest?

less than 2 days a week

less than 2 days a week

3 to 6 days a week

3 to 6 days a week

every day and up to 2 nights a week

every day and up to 2 nights a week

every day and more than 2 nights a week

every day and more than 2 nights a week

How many days have you lost from work or been unable to carry out your normal daily activities in the last year due to your asthma?

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

Life 1

Life 2

Mental illness additional questions

Are you currently taking any treatment or receiving counselling, or have you done so in the last 12 months?

Yes No

Yes No

How many days, in total, have you had off work or from your normal activities due to this condition in the last 12 months?

- No time off work or normal duties required
- 1 to 5 days
- 6 to 10 days
- 11 to 20 days
- more than 20 days
- no longer able to work

- No time off work or normal duties required
- 1 to 5 days
- 6 to 10 days
- 11 to 20 days
- more than 20 days
- no longer able to work

Do you have ongoing symptoms or have you had any symptoms in the last 6 months?

- ongoing symptoms
- symptoms in the last 6 months
- no symptoms in the last 6 months

- ongoing symptoms
- symptoms in the last 6 months
- no symptoms in the last 6 months

Have you ever been treated as a hospital in-patient or by a psychiatrist?

- No
- Yes, treated as a hospital in-patient
- Yes, treated by a psychiatrist but not as an in-patient

- No
- Yes, treated as a hospital in-patient
- Yes, treated by a psychiatrist but not as an in-patient

If "Yes", when was this?

Have you ever planned or attempted suicide or self harmed?

- No
- Yes, planned suicide but not attempted
- Yes, attempted suicide
- Yes, self harmed

- No
- Yes, planned suicide but not attempted
- Yes, attempted suicide
- Yes, self harmed

If "Yes", when was the last time/attempt?

Please give as much information as you can about your condition including the treatment given, cause of the condition, date of last symptoms and frequency of episodes.

If "Yes" to post natal depression please answer the following questions in addition to the above

Are you currently pregnant?

Yes No

Yes No

If "Yes" when is your baby due?

Before you complete this form, you need to make sure your client is fully aware of the information set out in the section headed 'Answering the questions – your duty to take reasonable care' on page 2. Please make sure you record the Life or Lives to be Assured answers accurately.

Underwriting – Additional questions (continued)

	Life 1 Condition 1	Life 2 Condition 1
General medical additional questions		
Please provide the name of the medical condition, illness or injury.	<hr/>	<hr/>
When were you first diagnosed with this condition?	<hr/>	<hr/>
Please tell us the nature, severity and frequency of any symptoms you have had, or are having.	 <hr/>	 <hr/>
When were your last symptoms?	<hr/>	<hr/>
Have you had any tests or investigations for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide full details, including the types of tests, dates and results.	 <hr/>	 <hr/>
Have you required any treatment for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide full details, including type of treatment, names of medications and dates.	 <hr/>	 <hr/>
Are you waiting for any tests, investigations or treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details including type of test, investigation or treatment, and the planned date.	 <hr/>	 <hr/>
How many days have you lost from work or been unable to carry out your normal daily activities in the past 3 years due to this condition?	<hr/>	<hr/>
When was this?	<hr/>	<hr/>

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Confirmation of verification of identity Corporate and other non-personal entity

When completing an application where the policyholder will be a corporate or non-personal entity you will be required to enter the following details when submitting the application online.

1. Details of client

Full name of the company

Type of entity

Sole Trader Partnership Limited Liability Partnership Limited Company Charity Religious Organisation
 Other

Registered number (or equivalent) (not applicable to Sole Traders or Religious Organisations)

Relevant company registry or regulated market listing authority (includes Companies House, other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce)(not applicable to Sole Traders, Partnerships or Religious Organisations)

Location of business (operating address)

Postcode

Type/nature of business

Registered office (in country of incorporation) (not applicable to Sole Traders or Religious Organisations)

Postcode

VAT no. (if applicable)

2. Directors

Number of directors or relevant persons 1 2 3 4 5 6

Please provide further details of each director/relevant person below:

Director (or equivalent) 1

Title

First name

Surname

Date of birth

Director (or equivalent) 2

Title

First name

Surname

Date of birth

Director (or equivalent) 3

Title

First name

Surname

Date of birth

Director (or equivalent) 4

Title

First name

Surname

Date of birth

Director (or equivalent) 5

Title

First name

Surname

Date of birth

Director (or equivalent) 6

Title

First name

Surname

Date of birth

3. Beneficial owners

Number of beneficial owners (over 25%). How many principal beneficial owners would you like to add?

1 2 3 4 5 6

If applicable, please provide further details of each principal beneficial owner below:

Principal beneficial owner 1

Title _____
First name _____
Surname _____
Date of birth

Principal beneficial owner 2

Title _____
First name _____
Surname _____
Date of birth

Principal beneficial owner 3

Title _____
First name _____
Surname _____
Date of birth

Principal beneficial owner 4

Title _____
First name _____
Surname _____
Date of birth

Principal beneficial owner 5

Title _____
First name _____
Surname _____
Date of birth

Principal beneficial owner 6

Title _____
First name _____
Surname _____
Date of birth

I can confirm that the customer identity details presented for the policyholder and bank account payer are true and accurate.

Marketing Preferences

Can we keep in touch?

With your permission we will share your personal information with other Zurich Group companies so we can let you know about other Zurich products and offers we think will be of interest to you. We won't pass your personal information to any company that isn't part of the Zurich Group. If you are happy with this, please select your preferred option(s).

Lives assured

Yes, by email

Yes, by phone

Yes, by text

Yes, by post

Large print document

Life 2

Policyholders

Yes, by email

Yes, by phone

Yes, by text

Yes, by post

Large print document

Individual policyholder 2

Policyholders

Yes, by email

Yes, by phone

Yes, by text

Yes, by post

Large print document

Individual policyholder 4

Your selection isn't permanent

If you change your mind at any time, you can write to us at: Zurich Insurance Group, Tri Centre 1, Newbridge Square, Swindon, SN1 1HN or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com

For more information on what we do with the information you give us, please read our [Privacy Statement](#).

Access to Medical Reports

This leaflet tells you why we ask you about your medical history, why we might ask your doctor for medical reports and what we do with the information given to us. It also explains your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Why do you ask me questions about my medical history?

We use the information you give us in your application form and the reports from your doctor, to help us assess the risk of providing you with the cover you have requested. This then ensures that we are fair to all customers when deciding if we can offer cover and if so, on what terms.

What information will be in the doctor's report?

The medical report your doctor fills in asks about:

- any tobacco, nicotine replacements, alcohol or drug usage
- details, including copies of any reports or letters, of any illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor. For example, we will ask about:
 - i any history of heart disease, cancer, stroke, diabetes, mental illness, central nervous system diseases, musculoskeletal disease or injury
 - ii the results of any tests or investigations that you've had or any tests or investigations that you are awaiting
 - iii any prescribed medication
 - iv any time off work
- any history of disease in your mother, father, brothers or sisters you've told your doctor about.

The medical report will not ask for any information about:

- negative tests for HIV, hepatitis B or C, isolated or multiple incidences of sexually transmitted diseases unless there are long-term health implications, or any predictive genetic test results.

Your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

We may need to apply to your doctor for a medical report and, if we do, we'll need your permission. Your legal rights are:

- You don't have to give your consent, but if you don't we may not be able to proceed. This does not stop you applying elsewhere.
- You can ask to see the report before your doctor returns it to us. If you do, we'll ask your doctor to retain it for 21 days so that you can arrange to see the report. This may cause a delay in processing your application.
- You can ask your doctor for a copy of the report at any time during the six months after it has been sent to us.
- You can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report.
- Your doctor can refuse you access to the report if they feel this would cause physical or mental harm to you or others.

If you have any questions about your rights under the Act or any questions about the process of obtaining, assessing or storing medical information, please write to us at:

Customer Services,
Tri Centre One,
New Bridge Square,
Swindon,
SN1 1HN.

Or call us on 01793 514514.

We are open from Monday to Friday 8.30am to 6pm

Declaration

I/We have read the section headed 'Your rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.' I/We consent to Zurich Assurance Ltd (Zurich) obtaining medical information from any doctor about anything affecting my/our physical or mental health and to Zurich obtaining information from other insurers about previous applications I/we have made for any life, sickness, accident or private medical insurance. I/We authorise those asked for such information to provide it on the production of a copy of this consent.

I/We do/do not* want access to any medical report prepared as a result. (*delete as appropriate).

Policy number

Name of Life 1

Signature of Life 1

Date of signature

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Life 2

Signature of Life 2

Date of signature

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Zurich Assurance Ltd

Registered in England and Wales under company number 02456671.
Registered Office: The Grange, Bishops Cleeve, Cheltenham, GL52 8XX.
Telephone 01793 514 514.

We may record calls to improve our service.

