

Partnership/Share Purchase/Corporate Co Directors Cover Financial Questionnaire

Name of customer applying for cover

Date of birth

Application number

Financial Adviser

Please complete the form in Block Capitals. All questions must be answered accurately with full disclosure of all relevant information. All information will be treated as strictly confidential.

Guidelines for completion

LEVEL OF COVER		REQUIREMENTS
Life Cover	Specified Illness Cover	
Up to €1,500,000	Up to €750,000	Partnership/Share Purchase/Corporate Co Directors financial questionnaire fully completed by life covered and financial adviser. Company brochures and website details can also provide useful background information
€1,500,001 to €3,000,000	€750,001 to €1,000,000	Partnership/Share Purchase/Corporate Co Directors financial questionnaire fully completed by life covered, financial adviser and company secretary/company director. We may also need a copy of the Buy and Sell or Double Option agreements for some cases. Company brochures and website details can also provide useful background information. In certain cases we may need extra information eg. copy of company accounts or valuation report.
Above €3,000,000	Above €1,000,000	Refer application to Irish Life's LARGE CASE TEAM for requirements.

Note:

The above information would normally satisfy our requirements but in certain circumstances further information may be requested.

The "LARGE CASE TEAM" underwrite all new applications greater than 2 million life cover and 750,000 specified illness cover and are always available to discuss requirements. If you have any queries, please phone 01 704 1888.

Personal Details

1 What is the reason for effecting this cover?

2 Please give details of existing life assurance, specified illness cover and income protection policies that are in force on your life, including any cover provided by your employer. Please include details of any concurrent applications also.

If you do not have any existing cover, please tick

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan?

Yes

No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan?

Yes

No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan?

Yes

No

Company	Sum Assured	Year Commenced	Type/Term of policy
	€		

Reason for Cover

Will this cover be cancelled on issue of this new plan?

Yes

No

3 What is the company's name and what is the nature of the business? (Please quote the company's website address if applicable).

4 How long has this business been operating?

Please state the number of employees

5 What percentage of the Company's Share Capital does the life covered own?

%

6 How many partners/shareholders/co directors are there in the company?

- 7 Is insurance cover being proposed or already in force on other partners/shareholders/co directors? Yes No
If yes, give details of their names, type of policy, sum assured and application number
- 8 What is the value of the business?
Is the valuation based on a multiple of net profit? Yes No
If yes, multiple used
If no, how was the value calculated?
- 9 Has a valuation been performed by a professional adviser? Yes No
If yes, please give the name and qualifications of the valuer.
If no, how was the value calculated?
- 10 Please confirm the date of the valuation. Date
If the valuation was performed greater than 1 year ago, please confirm the current value of the business.
- 11 Is there a Double Option or Buy and Sell agreement in place? Yes No
- 12 Please give details of the options/obligations which exist on death or disability of the life covered.

If trading figures are not available, please provide a copy of the business plan and projections.

- 13 Please give details of the company's turnover, gross profit and net profit after tax for the past 3 years.

Year	Turnover	Gross Profit	Net Profit
	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

Sight of company accounts will be needed in these circumstances.

- Have these figures been taken directly from the accounts? Yes No

If there have been losses in any of the last 3 years, please explain the reasons for the losses.

- Do the most recent set of management accounts show an excess of assets over liabilities? Yes No

If no, please give an explanation.

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I/We understand and agree that the information I/We have provided in this questionnaire is material to the decision of Irish Life Assurance plc (Irish Life) to enter into the contract, on the terms and for the calculation of premium and that Irish Life has relied on this information in so doing.

I/We have read over the answers to all the questions on this form and declare that all answers (including any answers written down for me/us) are true and complete. I/We declare that I/We have answered all of the questions in this form honestly and with reasonable care.

I/We understand that if I/We do not answer these questions honestly and with reasonable care, Irish Life will be entitled (depending on the breach) to declare the plan void, refuse my claim, treat my insurance as if it was entered on different terms, or reduce my claim. If this happens, I/We understand and acknowledge there may be no cover under the plan, Irish Life may not refund my premiums and Irish Life may not pay a claim.

I/We understand that this questionnaire will form part of my application for cover and that a copy of the completed questionnaire is available to me/us on request. I/We understand that I/We must advise Irish Life in writing of any change to our application answers between the date of our application and the date I/We are accepted for cover by Irish Life

Please sign and date

Signature of Financial Adviser:

Date

Note:

BLOCK CAPITALS:

Signature of life covered and financial adviser for life cover up to 1.5m and SIC up to 750,000.

Signature of Life Covered:

Date

BLOCK CAPITALS:

Signature of Company Secretary/Company Director (where applicable)

Date

BLOCK CAPITALS:

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.
