

For customers

Business protection financial questionnaire

To be filled in by the policyholder.

Policy number

Please complete in BLOCK CAPITALS and in ballpoint pen.

Important notes

You should complete this questionnaire when the sums assured are over:

- £1,000,000 Life protection or
- £500,000 Critical Illness (CI) protection and Total and Permanent Disability (TPD)

We'll need additional evidence such as the loan agreement, company accounts for the last two years and the business valuation report when the sums assured are over £3,000,000 Life or £1,500,000 CI/TPD.

The company secretary, company accountant, finance director, chief financial officer or chief executive officer should countersign this questionnaire when the sums assured exceed £2,000,000 Life or £1,000,000 CI/TPD.

Please note: we also reserve the right to ask for this questionnaire to be completed for lower sums assured.

Please give the reason for this application (tick as appropriate):

- Key person – loss of profits/replacements costs
Please complete all of parts 1 and 2.
- Key person – commercial loan protection
Please complete all of parts 1, 2, and 3.
- Share/Partnership protection
Please complete all of parts 1 and 4.

Part 1

To be completed for all applications.

Full name of life to be assured

Date of birth (dd/mm/yyyy)

Remuneration package (salary + bonus) for each of the last three years (please fill in relevant years)

20	20	20
£	£	£

Do you have any existing cover (including Death in Service) or are you applying to another provider for cover? If yes, please provide details.

Yes No

If any existing cover is being cancelled, please tell us the policy number.

Existing or concurrent	Sum assured	Life, CI or TPD benefit	Reason for cover	Is this being cancelled?	Company and policy number
	£				
	£				
	£				
	£				
	£				

Name of company/partnership

Number of employees

Nature of the company's/partnership's business

Date of the company/partnership accounting year-end (dd/mm/yyyy)

Date company/partnership was established (dd/mm/yyyy)

- If the life assurance sum assured is £3,000,000 or above, or the critical illness/total and permanent disability sum assured is £1,500,000 or above, please provide the report and accounts for the last two years.
- If a gross or net loss has occurred within the last two years, please provide the report and accounts for the last two years.
- If accounts are unavailable because the company/partnership has recently been formed, please provide a copy of the current business plan and projections and management accounts to date.

Company's/Partnership's trading figures for the last three years (please fill in relevant years)

	20	20	20
Turnover	£	£	£
Gross profit/(loss)	£	£	£
Pre-tax net profit/(loss)	£	£	£

If all relevant information isn't given, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Part 2

To be completed for all key person applications including loan protection.

(To be completed in addition to part 1)

What are the skills/attributes that make this life assured key to the company/partnership?

What calculation (to include figures and formula) was used to determine the level of sum assured applied for?

What percentage shareholding does the life assured hold within the company/partnership?

	%
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Are other key individuals being covered?

Yes No

If 'Yes', please give details.

Name	Position	Sum assured	Benefits	Company that plan is with
		£		
		£		
		£		

Part 3

To be completed for all key person commercial loan protection applications.

(To be completed in addition to parts 1 and 2)

Loan details

Lender's name

--

Borrower's name

--

Amount borrowed or outstanding amount if an existing mortgage

£

Term of the mortgage or outstanding term if an existing mortgage

--

Date funds were released (dd/mm/yyyy)

--

If the term of the loan is different from the term of this application, please let us know why.

Will the death or diagnosis of a critical illness result in the company/partnership being totally unable to service and repay the loan?

Yes No

If 'No', please let us know why cover is required.

Part 4

To be completed for all share/partnership protection applications.

(To be completed in addition to part 1)

What percentage shareholding does the life assured hold within the company/partnership?

 %

What value has been placed on the company/partnership?

What calculation (to include figures and formula) was used to determine the company's/partnership's value?

Who has calculated the company's/partnership's value?

Is there a 'double option' or 'buy and sell' agreement in place?

Yes No

If 'No', what obligation exists to give rise to the need for cover?

If this application includes critical illness/total and permanent disability, does the above agreement cater for payment under all relevant events?

Yes No

Number of shareholders/partners in the company/partnership

Are plans being taken out on all shareholders/partners?

Yes No

If 'Yes', please give details of any applications submitted to AEGON Scottish Equitable.

Name	Shareholding	Sum assured	Benefits
	%	£	
	%	£	
	%	£	

If 'No', please let us know why.

You must tell us in writing if any of the information supplied above changes between when you complete this questionnaire and the policy's start date.

If all relevant information isn't given, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Part 5

Declaration – to be completed by the policyholder

I understand that this questionnaire forms part of my application. To the best of my knowledge the information and statements made in this questionnaire are true and complete. I understand that if the statements aren't true and complete and/or I don't tell AEGON Scottish Equitable about any changes before the policy starts then it **might result in loss or cancellation of the protection**. I confirm that I've read over any answers that I didn't fill in and that they're correct.

Date (dd/mm/yyyy)

Signature

Print name

Position

Declaration – to be completed by the countersignatory

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

Date (dd/mm/yyyy)

Signature

Print name

Position