

For financial advisers only

# Pre-sale underwriting questionnaire

This form lets you gather detailed information from your client before you call our Underwriting helpline. This will mean you'll get a more accurate pre-sale underwriting decision.

Please note this is a pre-sale decision and is based purely on the details you give. The decision can't be guaranteed and is subject to underwriting.

Sex  Male  Female

Date of birth

Marital status

Occupation (and are you employed, self-employed, part-time under 16 hours?)

Short description of duties, including:

- % manual work (lifting, carrying, working with machinery or tools)
- driving (average yearly business mileage)
- work at heights (average % time spent at heights and average height in metres)

If you're a member of the armed forces please complete the armed forces [questionnaire](#). This can be found on the online literature library.

Salary

Overseas travel

Countries visited (if non-urban areas, please specify exact location)

Frequency and duration

Confirm reason for visit (business or personal)

Height

Current weight

Benefit details (including sum assured and term)

Life

LICI

CI

IP

WOP (OOC, ASO, ADW)

TPD (OOC, AOC, ADL)

Phone: 08457 83 54 73

(8.30am to 5.30pm, Monday to Friday)

Email: [protect\\_underwriting@aegon.co.uk](mailto:protect_underwriting@aegon.co.uk)

Reason for cover

Does the total amount of protection under all your existing policies, together with this application and any pending or concurrent applications, exceed £800,000 for life cover or £500,000 for critical illness or total and permanent disability?

Amount

Benefit

**Tobacco/Nicotine use** – Do you currently smoke or have you, in the last 12 months, smoked or used any nicotine products such as gum or patches?

Type

Amount per day (1oz = 28g)

**How many units of alcohol do you drink on average each week?**

(One pint of beer = 2.5 units, one 330ml bottle of beer = 1.5 units, one 175ml glass of wine = 2 units, one measure of spirits = 1 unit).

**Hazardous pursuits**

Please give full details for any other hazardous pursuit. You might find these point-of-sale questionnaires helpful:

- [Aviation](#)
- [Aviation related](#)
- [Caving/potholing](#)
- [Equestrianism](#)
- [Mountaineering](#)
- [Motor sports](#)
- [Sports diving](#)
- [Sailing](#)

All of these can be found on the online literature library.

Activity you participate in

How often do you take part in this activity in a year?

Details of any related qualifications

Equipment used

## Health questions

### Medical conditions

Please give full details of any other medical condition. You might find these point-of-sale questionnaires helpful:

- [Arthritis](#)
- [Epilepsy](#)
- [Raised blood pressure](#)
- [Chest complaints](#)
- [Gynaecological](#)
- [Thyroid](#)
- [Digestive, kidneys or liver](#)
- [Joints, bones and muscles](#)

These can be found on the online literature library.

Medical condition 1

Date of last symptoms

Current medication/treatment

Past medication/treatment

Ongoing symptoms experienced

Any tests, investigations or referrals in the past or due in the future (please tell us the result)

Have you ever been in hospital or had an operation, or are you waiting to go in?

Has this condition caused you to be absent from work during the last five years or are you currently off sick?

Are you now fully recovered with no ongoing problems?

Would you like to give us any more information about the condition?

Medical condition 2

Date of last symptoms

Current medication/treatment

Past medication/treatment

Ongoing symptoms experienced

Any tests, investigations or referrals in the past or due in the future (please tell us the result)

Have you ever been in hospital or had an operation, or are you waiting to go in?

Has this condition caused you to be absent from work during the last five years or are you currently off sick?

Are you now fully recovered with no ongoing problems?

Would you like to give us any more information about the condition?

### Family history

Please give details if your parents, brothers or sisters, before the age of 65, have died or suffered from:

heart disease, stroke, diabetes, cancer or tumour (including site/type), Alzheimer's disease, Parkinson's disease, polycystic kidney disease, polyposis of the colon, motor neurone disease, multiple sclerosis, Huntington's disease, muscular dystrophy, hypertrophic cardiomyopathy (HOCM) or any other hereditary disorder

Relative

Age at diagnosis

Condition

