

# Business Assurance Questionnaire

Please remember that if you do not answer the following questions fully and accurately it may mean that a claim is not paid or the policy is amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Full Name

Date of birth

Reference

D	D	M	M	Y	Y	Y	Y

**What is the reason for the policy? If there is more than one reason for the policy please indicate all that apply and complete all relevant sections.**

Business Loan Protection	<input type="checkbox"/>	(complete sections A, B, E and F)
Key Person Protection	<input type="checkbox"/>	(complete sections A, C, E and F)
Director, Partnership and Limited Liability Share Protection	<input type="checkbox"/>	(complete sections A, D, E and F)
Company Share Buy Back	<input type="checkbox"/>	(complete sections A, D, E and F)
Other	<input type="checkbox"/>	(complete section A and give full details in the 'Additional Information' section.)

## A To be completed for all applications

**1 Do you have, or are you applying for, any other life cover with Legal & General or with another insurance company?**

Yes  No

**This includes any life cover provided by your employer.**

**If 'Yes' and you need more space, please use Section E, Additional Information.**

If 'Yes', please give details.

	Policy 1	Policy 2	Policy 3
Company			
Start date			
Policy type			
Length of cover	years	years	years
Amount of cover	£	£	£
Reason for cover			

Will this policy remain in force/be going ahead? Yes  No  Yes  No  Yes  No

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

If 'Yes', please give the same details as above for the other policy(ies), in Section E (Additional Information) before continuing with this section.

**2 Do you have, or are you applying for, any other critical illness cover with Legal & General or with another insurance company?**

**If 'Yes' and you need more space, please use Section E, Additional Information.**

Yes  No

**If 'Yes', please give details.**

	Policy 1	Policy 2	Policy 3
Company			
Start date			
Policy type			
Length of cover	years	years	years
Amount of cover	£	£	£
Reason for cover			
Will this policy remain in force/be going ahead?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other policies to tell us about?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**If 'Yes', please give the same details as above for the other policy(ies), in Section E (Additional Information) before continuing with this section.**

**3 Business details**

Trading name

Number of employees

How long has the business been trading?  years  months

**4 Please give turnover, gross profit and net profit (before tax) figures for the last three completed years.**

**If the business has been trading for between one and three years, please provide figures for all completed years. If the business has been trading for less than one year, please provide projected figures.**

	Turnover	Gross profit	Net profit (before tax)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

**5 Has a loss been reported in the last two years or is a loss due to be reported?**

**If you answer 'Yes' to this question please provide a copy of the last two years' reports and accounts.**

**Reports and accounts are also required when a certain amount of cover is reached. Please speak to your Financial Adviser to see if this applies to you.**

Yes  No

**If 'Yes', please give an explanation of why this occurred and give details of any action taken:**

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

Percentage of shares  % Current value  £

**7 Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following? Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.**

**Please ignore any conviction that is spent under the Rehabilitation of Offenders Act.**

**Please tick only one answer.**

Investigated  Arrested  Charged

Convicted  Prosecution pending  No

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

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

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

What is the reason for your mortgage/loan?

Business premises

Expansion

Equipment

If 'Other', please give details:

Name(s) of lender(s)

Name(s) of borrower(s)

Mortgage/loan amount £

Mortgage/loan term years

Interest rate %

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

Yes

No

Type of mortgage/loan New or remortgage

Existing arrangement

Repayment basis Interest only

Capital and interest

If 'Other', please give details:

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

Yes

No

If 'Yes', please give details.

**C**

**To be completed for key person protection**

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

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

**11 What type of work are you engaged in?**

**12 Please explain the effect your loss would have on the business.**

For example, profits may reduce, key contacts may be lost or you may be the guarantor of a loan.

**13 Please explain how you have calculated the amount of cover that you need.**

For example, this may be the expected loss of profits multiplied by the number of years that it would take the business to recover.

**14 Is the business taking out any other key person policies, on you or any other key person, or are there any other policies already in force, with another insurance company and/or Legal & General?**

If 'Yes', please give full details including amount of cover, contract types and provider(s) names.

If you need more space, please use Section E, Additional Information.

Yes  No  If 'Yes', please give full details:

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

%

**D**

**To be completed for director and partnership share protection**

**Director Share, Partnership Share, Limited Liability Partnerships (LLP) and Company Buy Back Share Protection**

**16 What is the total value of the business and how has this value been calculated?**

Please include full details of the calculations, for example Price Earnings (PE) ratios, asset values taken into account.

£

**17 Are any policies being taken out on other shareholders, partners or members, with Legal & General or another insurance company?**

If 'Yes', please provide details of all applications and state if any of these are with Legal & General.

If you need more space, please use Section E Additional Information.

Yes  No  If 'Yes', please give full details

**18 Does the shareholder agreement (cross option or similar) specify the outcome in the event of a critical illness?**

Only answer this question if the policy you are taking out includes critical illness.

Yes  No  If 'No', please tell us why.

**E****Additional information**

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

**F****Customer declaration**

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire are taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you mis-state any information it may mean that a claim is not paid or the policy is amended or cancelled.

I agree that this questionnaire will form part of my application for life, critical illness cover or income protection and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

**Signature****Customer**

X

**Date**

D	D	M	M	Y	Y	Y	Y
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**Third party signature (eg accountant, solicitor, bank manager etc)**

For certain applications the information given in this form needs to be confirmed by an independent third party. These are usually professional people who know the customer(s) financial affairs but are unrelated to the sale, e.g. solicitor, accountant, bank manager etc. Please see the covering letter which will advise if a third party signature is required in this instance.

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

**Signature**

X

Please print your name

**Date**

D	D	M	M	Y	Y	Y	Y
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**Occupation and qualifications****Address**