

# 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.

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.

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



## 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?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>

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

  
  


If no, please give the reason.

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, please advise who performed the valuation.

10 Please confirm the date of the valuation.

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.

  

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"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

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

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.

**Note:** Sight of company accounts will be needed in these circumstances.

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 declare that the answers given above, to the best of my/our knowledge, are true and that I/we have not withheld any material information that may influence the assessment or acceptance of this application.

I/We agree that this form will constitute part of the application for life assurance and specified illness cover and that failure to disclose any material fact known to me/us may invalidate the contract. I understand that the data consents given at application stage apply here.

I/we agree to inform the company in writing of any change in circumstances between the date of this application and the issue of the policy contract.

Signature of Life Covered	<input type="text"/>	Date	<input type="text"/>
BLOCK CAPITALS:	<input type="text"/>		
Signature of Financial Adviser	<input type="text"/>	Date	<input type="text"/>
BLOCK CAPITALS:	<input type="text"/>		
Signature of Company Secretary/Company Director (where applicable)	<input type="text"/>	Date	<input type="text"/>
BLOCK CAPITALS:	<input type="text"/>		

**Note:** Signature of life covered and financial adviser for life cover up to €1.5m and SIC up to €750,000.  
Signature of Company Secretary /Company Director for life cover over €1.5m and SIC over €750,001.

