



## Keyperson Cover and Business Loan Cover

including Keyperson Loan Cover, Keyperson Loss of Profit, Keyperson Investor Protection

### 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          | Keyperson cover financial questionnaire fully completed by life covered and financial adviser.   |
| €1,500,001 to €3,000,000 | €750,001 to €1,000,000  | Keyperson Cover financial questionnaire fully completed by life covered financial adviser and company secretary/company director. A copy of company accounts/loan offer may be required. Company brochure/website details can also provide useful background Information). |
| 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 keyperson cover?

Loan cover ☐ Loss of profit ☐ Investor protection ☐ Other ☐

Please give details.

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 Please give details of the keyperson's annual salary and bonuses for the last 3 years.

|                           |                               |                              |
|---------------------------|-------------------------------|------------------------------|
| Year <input type="text"/> | Salary € <input type="text"/> | Bonus € <input type="text"/> |
| Year <input type="text"/> | Salary € <input type="text"/> | Bonus € <input type="text"/> |
| Year <input type="text"/> | Salary € <input type="text"/> | Bonus € <input type="text"/> |

6 Does the keyperson have an ownership interest or shareholding in the company. Yes ☐ No ☐

If yes, please give details.

7 Has the company effected or does it intend to effect policies on the lives of other keypersons? Yes ☐ No ☐

If yes, please give details.

8 What is the role of the keyperson?

9 Please explain the reasons why the keyperson is considered to be so valuable. Eg What specialised skills, qualifications or experience make them a keyperson?

10 What proportion of the gross or net profit is attributable to the keyperson?

11 On what basis has the sum assured been calculated?

|   |  |
|---|--|
| Multiple of profits? Yes <input type="radio"/> No <input type="radio"/> | Multiple of salary? Yes <input type="radio"/> No <input type="radio"/> |
| Loan cover? Yes <input type="radio"/> No <input type="radio"/>          | Other reason? Yes <input type="radio"/> No <input type="radio"/>       |

Please provide full details and state multiples used if applicable.

12 If the cover is linked to a loan, please provide the following details:

Name of Lender:  Name of Borrower:

Amount of Loan: €  Term of Loan:  Interest only: Yes ☐ No ☐

Reason for loan:  Date of drawdown:

Will immediate assignment be arranged? Yes ☐ No ☐ Is the issuing of this policy a condition of the loan? Yes ☐ No ☐

If existing loan(s), why is cover being sought now?

**Note:** A copy of the loan agreement will be required for cover in excess of €1.5 million life cover and €750,000 SIC

13 Has a board minute been passed, or any other written authorisation to sanction the policy? Yes ☐ No ☐

Please give details

14 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" value="X"/> | Date | <input type="text" value="dd / mm / yyyy"/> |
| BLOCK CAPITALS:  | <input type="text" value="X"/> |      |   |
| Signature of Financial Adviser                                     | <input type="text" value="X"/> | Date | <input type="text" value="dd / mm / yyyy"/> |
| BLOCK CAPITALS:  | <input type="text" value="X"/> |      |   |
| Signature of Company Secretary/Company Director (where applicable) | <input type="text" value="X"/> | Date | <input type="text" value="dd / mm / yyyy"/> |
| BLOCK CAPITALS:  | <input type="text" value="X"/> |      |   |

**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.

