

Business Loan Cover

Financial Questionnaire

Please complete this 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 (Euros)

Life Cover
Up to €750,000

Specified Illness Cover
Up to €300,000

€750,001 to €2,500,000

€300,001 to €500,000

€2,500,001 to €5,000,000

€500,001 to €850,000

Above €5,000,000

Above €850,000

REQUIREMENTS

Most cases will be acceptable on basis of application only.

Business Loan Cover financial questionnaire fully completed and signed by life(s) to be covered and Financial Adviser. We will also require a copy of the loan offer for cover above €1,500,000 or if the loan details do not match the application form.

Business Loan Cover financial questionnaire fully completed by life(s) to be covered, Financial Adviser and Company Accountant. We will also need a copy of the Loan offer. Company brochures and website details can also provide useful background information.

Refer proposal to an Irish Life Underwriter for requirements

This information would normally satisfy our requirements but in certain circumstances further information may be requested. If you have any questions on financial requirements please contact a technical underwriter on 1850 704188 (option 4).

Personal Details

Full Name (s)

Application No.

1. What is the main reason for effecting this cover?

2. Are any concurrent proposals being made to other offices for any purpose? If yes, please give full details.

Yes

No

3. Please give details of all existing life assurance, specified illness or Income Protection policies that are in force on the life(s) to be covered, including any cover provided by your employer.

Company	Sum Assured (Euros)	Date Effected	Reason for Cover	Type / Term of Policy	Will this be cancelled on issue of this new plan?
	€				Yes <input type="checkbox"/> No <input type="checkbox"/>
	€				Yes <input type="checkbox"/> No <input type="checkbox"/>
	€				Yes <input type="checkbox"/> No <input type="checkbox"/>
	€				Yes <input type="checkbox"/> No <input type="checkbox"/>

4.(A) What is the Company's name and what is the nature of the business?
(Please quote the company's website address if applicable).

(B) How long has this business been operating?

5. Please state the number of employees.



Irish Life

6. Loan Details

(for life cover sums assured above €1,500,000 we will also normally need a copy of the loan offer).

Amount of loan: (Euros)	€	Term of loan:		yrs
Name of lender:		Is policy to be assigned?	Yes	No
Reason for loan:				

If the amount and term of the loan differs from that of the life cover, please explain why these differences are necessary?

Is the loan conditional upon the issuing of this policy and will immediate assignment be arranged?

7. Why has this life(s) to be covered been chosen to cover the loan?

What percentage of the Company's Share Capital / Partnership does the life(s) to be covered own?

Is the loan being covered by any other life assurance policy on this life or any other individuals?

Yes

No

Is 'Yes', give details?

8. What has been the company's turnover, gross profit and net profit after tax over the last 3 years?

Year	Turnover (Euros)	Gross Profit (Euros)	Net Profit (Euros)
	€	€	€
	€	€	€
	€	€	€

Note: If there have been losses in any of the last three years, please explain these. Sight of company accounts will be necessary in these circumstances.

Declaration to be signed and dated

I/We declare that the answers given above, 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 my/our application for life assurance and that failure to disclose any material fact known to me/us may invalidate the contract. I/We agree to inform the company in writing of any change in my/our circumstances between the date of this application and the issue of the policy contract.

Signature of Life(s) to be covered:

1.

2.

Date

/ /

Signature of Financial Adviser:

Date

/ /

Signature of Accountant / Solicitor
(where applicable)

Date

/ /

Accountants / Solicitors stamp



Irish Life

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