Adviser: Idell Cummerata	Policy Holder: testing	
Caller Name: Admin Account	Caller Email Address: admin@mail.com	
1. I understand you recently took out a policy with ( fidelity, partners, aia) from one of our advisers Is that correct?		
- Yes		
2. Was the adviser by him / herself?		
- No		
3. How would you describe the adviser's standard of service on a scale of 1-10? (10 is the highest)		
- 9		
4. As you are aware, non disclosure can lead to non payment of claim. To make sure the correct underwriting takes place , we have noted your current pre-existing medical conditions are and Is there anything else apart from this not stated?		
- Not sure		
5. We have received authority for all future payments to be direct debited from your bank account? Is this correct?		
- Yes		
6. Did you take this policy to replace any other policy?		
- Yes		
7. We have your occupation recorded as is that correct?		
- Yes		
8. What is your understanding of the benefits of the policy?		
N/A		
9. It specified in the authority to proceed that a copy of the disclosure statement was given to you and your insurance planner and or plan/copy of your LAT was e mailed to e mail address John@eliteinsureco.nz . Did you received them?		
- Yes		
10. Do you have any further comments?		
- Yes		
11. If replacement( were the risks of replacing this insurance policy explained to you?		
- N/a		
12. Remedial Action Taken Or Proposed:		

Lead Source: Self-generated

Date: 4th March 2022

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- Yes

## Notes:

- Testtimh

