



Co-Director Insurance

Financial Questionnaire



A separate questionnaire is to be completed for each director.

Note:

Please complete in
BLOCK CAPITALS.

Proposal Number

Life Insured

Forename

Surname

1) (a) What value has been placed on the company? €

(b) How was this value calculated and what multiple was used?

2) What was the turnover, gross profit and net profit before tax, over the last 3 years?
(Note: If these figures are unavailable because of recent formation, please forward a copy of the current business plan including projections.)

Year	Turnover	Gross Profit	Net Profit
	€	€	€
	€	€	€
	€	€	€

3) Please state: (a) number of directors in the company

(b) percentage held by the above director %

4) Are policies being effected on the lives of all directors? ☐ Yes ☐ No

If **NO**, please give reason:

5) Is the policy to be written in trust for the remaining director(s)? ☐ Yes ☐ No

If **NO**, please give reason:

6) Is there a 'Double Option' or 'Buy and Sell' Agreement? ☐ Yes ☐ No

If **YES**, please give details of the options/obligations that exist on death:

If **NO**, what obligation exists that gives rise to the need for insurance?

Note:
If a gross or net loss has been reported in the last 3 years or if the sum insured is in excess of €4.5m, please forward copies of the last 3 years' reports and accounts.

Continued overleaf

Note:
If the client has extensive existing cover, we may require further financial information. When listing all cover in the market you must include any death in service benefits including any spouse's pension lump sum benefit.



Life Insured:
Please sign and date.



Policy Owner:
Please sign and date.



Director or Senior Company Official:
Please sign and date.

7) Please give details of existing policies for Life and Serious Illness cover, including death in service arrangements.

Life Company	Sum Insured	Date Effected	Reason for Cover	Type/Term of Policy
	€			
	€			
	€			
	€			
	Total €			

I declare that I have answered the above questions honestly and with reasonable care (including any statements written down for me). I understand that failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

I agree to notify Zurich Life if there are any changes in my answers to the questions in the application form or this questionnaire between the date of completion of these forms and the date that the policy is issued.

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of the Life Insured

X

Date

Signature of the Policy Owner, if different from Life Insured

X

Date

For a sum insured in excess of €3,000,000 Life Cover or €1,000,000 Serious Illness Cover please complete the following:

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

Signature of another Director or Senior Company Official

X

Date

Occupation and Qualifications

Address or Company Stamp

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie

Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at September 2021 and may change in the future.

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