

Keyperson Insurance

Financial Questionnaire



Note:

Please complete in
BLOCK CAPITALS.

Proposal Number

Life Insured

Forename

Surname

Section A: Keyperson Information

- 1) What special knowledge or qualities does the keyperson have and why is the company so dependent on him or her? (Comment on position and length of service.)

- 2) What percentage of profit could potentially be lost by the business should the keyperson cease to work for the company?

 %

- 3) What average salary or emoluments has the keyperson earned over the last three years? (Indicate breakdown among salary, dividends, bonuses, commission and profit share.)

Salary	Dividends	Bonuses	Commission	Profit Share	Total	Over 3 Years
€	€	€	€	€	€	€

- 4) 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 €			

- 5) Is the keyperson a shareholder?

☐ Yes ☐ No

If **YES**, what percentage of the shares does he/she hold?

 %

- 6) Please confirm basis of the sum insured:

(a) Multiple of profit

☐ Yes ☐ No

(b) Multiple of salary (please state multiple)

☐ Yes ☐ No

(c) Any other basis (please give details):

- 7) What is the keyperson's likely period of service/years to retirement?

 Years

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.

Section B: Company Information

1) Name of company

Nature of business

Date of establishment

Number of employees

Note:

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

2) What was the turnover, gross profit and net profit 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) Has the company effected, or does it intend to effect policies on the lives of key personnel? ☐ Yes ☐ No

If **YES**, please provide details

Name			
Position			
Type of policy			
Reason for policy			
Sum insured			
Date effected			

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.

Life Insured:

Please sign and date.

Signature of the Life Insured

X

Date

Policy Owner

(Individual who is authorised to sign on behalf of the company):

Please sign and 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

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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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