



Life Insurance Questionnaire

ONCE COMPLETED PLEASE FAX TO 0871 277 1422 OR EMAIL : QUOTES@PLATINUMIFA.CO.UK

	First Applicant	Second Applicant
Title		
Forenames		
Surname		
Sex		
Marital Status		
Date of Birth		
Nationality		
Country of Birth		

Address		
Telephone Number		
Alternate Phone Number		
Email address		

Have you smoked in the past 12 months?		
Ever been medically advised to reduce / stop?		

How many units of alcohol do you consume per week? (1 unit = 1/2 pint beer, 1 small glass of wine or 1 measure of spirits)		
Have you ever drunk more than 30 units/week on a regular basis?		
Have you ever been medically advised to reduce your alcohol intake?		

What is your height?		
What is your weight?		

COVER DETAIL

Start Date	As soon as possible / Specific Date / To Be Advised
Type of Insurance	
Cover Reason	Mortgage / Personal / Other
Period of Cover Required	<i>in years</i>
Cover Amount	£
Monthly budget ?	£

Please send this form along with the appropriate Medical Conditions or Hazardous Occupation Questionnaire

DISCLOSURE : AS WITH ALL INSURANCE POLICIES IT IS THE RESPONSIBILITY OF THE PERSON INSURED ON THE POLICY AND / OR THE POLICY HOLDER TO ENSURE THAT ALL MATERIAL INFORMATION IS DISCLOSED AT THE POINT OF APPLICATION. IF YOU ARE AT ALL UNCERTAIN ABOUT WHETHER ANY INFORMATION OR CONDITION IS MATERIAL THEN YOU MUST DISCLOSE IT. FAILING TO DISCLOSE MATERIAL INFORMATION COULD RESULT IN YOUR POLICY BEING CANCELLED AND CLAIMS NOT PAID.