

# Confidential financial questionnaire

Please use black pen and BLOCK LETTERS and tick where applicable.  
PLEASE DO NOT USE HIGHLIGHTERS.

Policy number(s)

**Your duty of disclosure**

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

**If you do not tell us something**

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Privacy**

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au).

Name of life insured

Name of policy owner(s)

Adviser name

Adviser number

Adviser phone number

### Background

Give details of the life insured including nature of the business and other relevant details

### Please tick the purpose for the insurance and complete the relevant sections

- ☐ **Personal/Family insurance** (complete Sections 1 and 6)
- ☐ **Self employed / Business related insurance** (complete Sections 1, 2 and 6)
- ☐ **Loan protection insurance** (complete Sections 1, 4 and 6)
- ☐ **Key person insurance** (complete Sections 3 and 6)
- ☐ **Partnership / Buy and sell insurance** (complete sections 2, 5 and 6)

## 1 Personal insurance

1. How has the sum insured been calculated?

2. What is the reason for the proposed cover?

3. How many dependants do you have? Please state the number, age/s and relationship/s.

4. Provide details of annual income for the last 2 financial years

Year ended	Salary/Wages	Other income	Type of other income (eg. rent)
30/06/	\$	\$	
30/06/	\$	\$	

5. What assets and liabilities does the Life to be insured have an ownership interest in or control over?

#### Assets

Description	Value
Property – residential	\$
Property – other	\$
Household goods (eg. furniture, etc)	\$
Personal items of value	\$
Motor vehicle(s)	\$
Investments (eg. stocks, etc)	\$
Other assets	\$
<b>Total assets</b>	<b>\$</b>

#### Liabilities

Description	Value
Mortgage – residence	\$
Mortgage – other properties	\$
Rent	\$
Hire purchase	\$
Personal loan(s)	\$
Credit card(s)	\$
Other liabilities	\$
<b>Total liabilities</b>	<b>\$</b>

## 2 Business insurance

Complete this section if you are applying for insurance for Business Protection purposes

1. What is the name of the primary business? .....
2. What is the nature of the business? .....
3. What is the business structure? ☐ Sole Trader ☐ Partnership ☐ Company ☐ Other - Please specify .....
4. How long has the business been in operation? .....
5. If full financial accounts are not being submitted, please provide the financial results for each of the last 2 years

	Year ended 30/06/	Year ended 30/06/
Turnover	\$	\$
Gross profit	\$	\$
Gross profit (before tax)	\$	\$
Assets	\$	\$
Liabilities	\$	\$
<b>Estimated value of company/business</b>	\$	\$

6. Are there any associated or service entities? No ☐ Yes ☐  
If 'Yes', provide details

Entity name	Structure (eg. company, family trust)	Life to be Insured's percentage interest
		%
		%
		%
		%
		%

7. Please provide a diagram of the full business structure showing all associated entities.

3

1. What is the position of the key person in the business?
2. On what basis was the amount of cover calculated?
3. Is there a Service Agreement? No ☐ Yes ☐ – Please provide a copy of the agreement
4. Has the proposed cover been approved by the Board of Directors (if applicable)?  
Not applicable ☐ Yes ☐ No ☐ – What other written authorisation is there?
5. What special skills, expertise or knowledge does the key person have that is critical to the business?
6. How long has the key person been employed by the business?
7. Is the key person a shareholder or partner of the business? No ☐ Yes ☐  
What percentage is held? % Current value of shares \$
8. What is the total value of the key person's remuneration package? \$
9. How has the value of the key person been calculated? eg Replacement cost
10. Are there any other key persons' in the business? Yes ☐ No ☐  
If 'Yes', are policies to be effected on other key persons? Yes ☐ No ☐ If 'No', please provide reasons
11. If the key person was to die or become disabled from working in the business, would the business continue with a suitably qualified replacement or would business have to sold/closed?  
☐ continue with a replacement ☐ closed or sold

4

1. Amount of loan \$
2. What is the purpose of the loan?
3. What amount of the loan is the Life to be insured responsible for? \$
4. What is the interest rate? %
5. Has loan been approved? Yes ☐ No ☐
6. Loan term Years
7. Name of lender
8. Who is the borrower?
9. Is this insurance a condition of the loan? Yes ☐ No ☐
10. Are there any other loans in existence? No ☐ Yes ☐ – Please give details of other loans. Also include details of other loan protection insurance

## 5 Partnership insurance

1. How many shareholders or partners are there in the business (including the Life to be insured)?  
.....
2. What is the Life to be insured's share of the business or partnership? %  
.....
3. What is the current value of the business? \$  
.....
4. Has a valuation been performed by a professional valuer? Yes ☐ No ☐ If 'Yes', Date of valuation / /  
.....
5. How was the value determined? (specify formula / basis used)  
.....  
.....
6. What was the Life to be insured's share of profit in each of the last 2 years?  
Year ended 30 / 06 / %  
Year ended 30 / 06 / %  
.....
7. Are policies being effected on the lives of all shareholders/partners? Yes ☐ No ☐  
If 'No', provide details  
.....  
.....
8. How much has the Life to be insured invested in the business? \$  
.....
9. Is there a Share Purchase or Buy/Sell agreement? Yes ☐ No ☐  
If 'Yes', provide details brief details or attach a copy  
.....  
.....

## 6 Declaration

The proposed life insured states as follows:

1. I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (ie accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured  
.....

Signature of life insured	Date
X	/ /

Name of policy owner  
.....

Signature of policy owner	Date
X	/ /

I verify that the information contained in this questionnaire is true and correct.

Name of adviser/accountant  
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Signature of adviser/accountant	Date
X	/ /

### Additional comments

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### Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **[life.newbusiness@zurich.com.au](mailto:life.newbusiness@zurich.com.au)**