

In preparation for our meeting to discuss your insurance requirements please answer the questions below and return to me as soon as is possible. Whilst this document is not an application form in itself we will use the information provided to liaise with insurers if required to do so, on that note please answer all questions to the best of your ability and if in doubt about whether something is relevant or not please let us know about it.

**Finally, in today’s hectic world we are finding it more and more common for people to suffer from anxiety, stress and depression and this is something that insurers will want to know about so please consider this when answering the questions.**

Please note that this information will be treated with the strictest of confidence. If due to the sensitivity of some of your answers you would prefer to discuss please do not hesitate to contact me – I can be contacted on 023 9231 8050.

Thank you for your time in completing this document – please email to [paul@barndenfinancial.co.uk](mailto:paul@barndenfinancial.co.uk)

|  |  |  |
| --- | --- | --- |
| Question | Applicant 1 | Applicant 2 |
| 1 - What is your height? |  |  |
| 2 - What is your weight? (If pregnant this should be your pre pregnancy weight) |  |  |
| Has your weight increased or decreased by more than 7 lbs (3kg) in the last 6 months? If Yes, please give details |  |  |
| 3 - How much alcohol (in units) do you consume on a weekly basis – Please state what you drink and what quantity – example – 2 bottles of wine or 5 pints of lager. |  |  |
| 3a - Have you ever been given, or sought, advice from **ANY** medical practitioner in relation to your consumption of alcohol? |  |  |
| 4 - Do you smoke or have you used **ANY** kind of tobacco or nicotine products **OR** tobacco or nicotine replacement products in the last 12 months? |  |  |
| 4a - If yes to above please state **DAILY** amount used – For example - 20 cigarettes daily – if you have stopped smoking within the last 12 months please give the date you stopped and approximate previous consumption. |  |  |
| 5 – Have you used **ANY** form of recreational drugs within the last 10 years? – For example (but not limited to) Cannabis, Ecstasy, Cocaine or Heroin. |  |  |
| 6 – Do you take part in hazardous activity – For example (but not limited to) – motor sport / skiing / potholing /caving/  diving/horse riding? – if yes give details. |  |  |
| 7 - Do you suffer from **OR** have you suffered from in the last 5 years any medical condition? – If yes give details including dates, medication prescribed (if known) - minor ailments such as coughs and colds can be excluded. |  |  |
| 8 - Does your occupation involve;   * Hazardous work - if yes give details * Working at heights (if yes give average and maximum heights worked at and approximate time each day / week / month working at heights. * Driving (other than to and from your normal place of work) – if yes give details (example if driving – approximately how many business miles do you do each year. |  |  |
| 9 – Have any of your parents, brothers or sisters (**this question does not include grandparents**) suffered from or been diagnosed with BEFORE THEIR 60th BIRTHDAY any of the following; angina, heart attack, cancer, diabetes, haemochromatosis, stroke, hypertrophic cardiomyopathy, Huntingdon’s disease, motor neurone disease, multiple sclerosis, muscular dystrophy, polycystic kidney disease, polyposis coli, Parkinson’s disease or any other hereditary disease or disorder? If yes please give condition, relative affected and age at diagnosis. |  |  |
| 10 – Is there any further medical / occupational or lifestyle information that you feel is relevant to disclose to a life assurance company that may affect their decision to offer you insurance? |  |  |
| 11 – (For employed applicants only) To your knowledge is your job at risk from redundancy or has your company announced any information within the last year that there could be a threat of redundancy (for example but not limited to – company restructuring with job losses). |  |  |
| 12 – Have you made any claims under a buildings or contents insurance policy in the last 6 years? If Yes, please give details including dates (MM/YYYY) and details and amount of claim. |  |  |