FINANCIAL QUESTIONNAIRE
INCOME PROTECTION

We'll use the information provided to assess your financial circumstances.

It's important to answer the questions in this questionnaire fully, accurately and truthfully, as we rely on it to set the terms of your policy. As this application contains income protection, you must let us know if any of the answers to the questions on your application or this questionnaire change in the time between applying for your cover and your cover starting.

If the information you give us isn't accurate and complete:

- We may reduce the amount we pay on any claim you make or not make any pay out at all.
- We may request further evidence at claim stage as the amount paid will be based upon income at time of claim. This may mean you could be paying for a level of income benefit that you may be unable to claim on.
- We may amend the terms of your cover.
- We may cancel your policy completely.
- Where we cancel your policy, we may not refund the premiums you've paid.

If you become aware that information you've given us is inaccurate, you must let us know as soon as you can.

We collect and process your personal data in accordance with the UK GDPR and the Data Protection Act 2018. The legal basis for processing this information is for your income protection application. For more details, please view our privacy policy at https://guardian1821.co.uk/privacy-policy/.

Section 1

1.1 What is your current job(s):

1.2 When did you become self employed?

(If less than 3 years, what was your previous job(s) and salary?):

1.3 What is the name of your business(es)?

1.4 How long has your business been trading?

1.5 Including yourself how many employees do you have?

1.6 What percentage of shares in the business do you own?

Section 2

Please confirm the following:

2.1 What is your pre-tax income taken from the business over the last 3 years? This can include benefits in kind and dividends. We may ask for copies of your tax returns to support this.

20___	20___	20___

2.2 What are the turnover and net profit figures for your business over the last 3 years?

TYPE OF INCOME	20___	20___	20___
TURNOVER			
NET PROFIT (AFTER TAX)			

2.3 Please list any unearned income received over the last 3 years: this is income that will continue, regardless of your ability to work.

TYPE OF INCOME	20___	20___	20___
PROPERTY/RENTAL INCOME			
INVESTMENT INCOME			
OTHER (PENSION, STATE BENEFITS) PLEASE SPECIFY			

Section 3

3.1 Do you have income protection cover with us or any other company? ☐ Yes ☐ No

If 'Yes', please give details below.

NAME OF COMPANY	AMOUNT OF COVER EACH MONTH	DEFERRED PERIOD	END DATE	WILL THIS COVER BE REPLACED? Y/N

3.2 Are you applying for income protection cover with us or any other company? ☐ Yes ☐ No

If 'Yes', please give details below.

NAME OF COMPANY	AMOUNT OF COVER EACH MONTH	DEFERRED PERIOD	END DATE	INTENDING TO TAKE UP POLICY, OR FOR COMPARISON PURPOSES ONLY?

Please note in the event of a claim, any continuing income and/or income protection payments will be taken into consideration and may reduce the cover amount we can pay under your policy.

Section 4

4.1 Please provide any additional information you think would be useful when assessing your application:

4.2 Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following? Bribery, corruption, counterfeiting, embezzlement, fraud, money laundering or tax evasion (please ignore any conviction that's spent under the Rehabilitation of Offenders Act):

☐ Yes ☐ No

If yes, please provide full details including dates and outcome:

Declaration

I confirm that the answers I've given are true and accurate to the best of my knowledge and belief. I understand that if they're not:

- You may reduce the amount you pay on any claim or not make any payout at all.
- You may amend the terms of my cover.
- You may cancel my policy completely.
- Where you cancel my policy, you may not refund the premiums I've paid.

I have not knowingly withheld any information that would influence your assessment of this application. I understand that this questionnaire forms part of my application. If I become aware that information I've given you is inaccurate, I'll let you know as soon as I can.

Name of applicant:	
Signature:	
Date:	