

# Offline Enquiry Form



<b>1) Contact / Intermediary Details (leave blank if you are applying for yourself)</b>			
<b>Intermediary Contact</b>		<b>Company Name</b>	
<b>Contact Telephone Number(s)</b>		<b>Email Address</b>	
<b>Name of Applicant</b> (person applying for cover)		<b>Country of Residency of Applicant</b>	

<b>2) What cover do you want?</b>	
<b>What cover(s) do you want?</b>	
<input type="radio"/> Life Insurance <input type="radio"/> Income Replacement <input type="radio"/> Other	<input type="radio"/> Travel Insurance <input type="radio"/> Personal Accident
<b>What type / term do you want?</b>	
<input type="radio"/> Level term <input type="radio"/> Decreasing term <input type="radio"/> Other	<input type="radio"/> Annual <input type="radio"/> Personal Accident
<b>Have you already been declined by other insurers?</b> Please give details including any reason(s) given.	
<b>How much cover do you want?</b> (please indicate currency and alternatives / minimum / maximum as applicable)	
<b>How long do you want cover for?</b> (please indicate in years, months or days)	
<b>How much would you prefer to pay?</b> (please indicate – if monthly or per year)	

<b>3) Who is to be insured?</b>	
<b>First Insured Person</b>	<b>Additional Insured Person (if required)</b>
<b>Relationship to Applicant?</b>	<b>Relationship to Applicant?</b>
<b>Full Name</b>	<b>Full Name</b>
<b>Title (Mr, Mrs, Miss, other)</b>	<b>Title (Mr, Mrs, Miss, other)</b>
<b>Date of Birth</b>	<b>Date of Birth</b>
<b>Does this person have</b> <ul style="list-style-type: none"> <li><input type="radio"/> any medical conditions</li> <li><input type="radio"/> a hazardous occupation</li> <li><input type="radio"/> any hazardous leisure pursuits</li> </ul> <p>If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-</p>	<b>Does this person have</b> <ul style="list-style-type: none"> <li><input type="radio"/> any medical conditions</li> <li><input type="radio"/> a hazardous occupation</li> <li><input type="radio"/> any hazardous leisure pursuits</li> </ul> <p>If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-</p>

<b>4) Confirming your Enquiry</b>			
<b>Would you like Pulse to communicate with you in the future?</b> (after helping you with this enquiry)			
<input type="radio"/> Yes, please <input type="radio"/> No, thank you			
Please indicate any further, relevant information or detail any questions you may have?			
Signed (client or IFA):		Date:	

# **Colon / Colorectal Cancer questions**

**What was the exact type of tumour or malignancy?**

**When was your cancer first diagnosed?**

**Which site(s) or organ(s) were involved?**

**What was the size or staging of the tumour and its TNM classification?**

**What stage had it reached?**

- it was completely localised to the tissue or organ of origin?
- Had lymph nodes been involved? If so, please state site(s) and number of nodes involved if known below
- Had it spread to other organs? If so, please state where below

**Please give any more details about the stage here**

**Please advise the date(s) and type of any surgery undergone or enter NONE?**

**Please advise the date(s) and type of any radiotherapy or enter NONE?**

**Please advise the date(s) and type of any chemotherapy or enter NONE?**

**Has there been any recurrence or relapse? Enter NO or If yes, please state dates, site and treatment received.**

**Have you been given the "all-clear"?**

- Yes I have been given the all clear
- No, I am waiting for this
- No, my treatment / tests are ongoing

**Name and contact details of the cancer consultant / hospital who is following you up:**

**How are you currently being treated for you cancer? Please give details including the name and dosage of any medication you are taking.**

**Do you have any other health issues or medical conditions you have told us about? Please enter No if NOT.**

## **Core questions**

**What is your occupation?**

**What is your height? (in metres or feet & inches)**

**What is your weight? (in Kilograms or Stone/lbs.)**

**Have you smoked in the last 12 months? Please note, smoking includes the use of any form of tobacco, nicotine products or e-cigarettes, even if the e-cigarettes contain no nicotine.**

- I have never smoked or used nicotine products
- I used to smoke or use nicotine products, but ceased completely MORE than 12 months ago
- I used to smoke or use nicotine products, but ceased completely LESS than 12 months ago
- I am a smoker / I use nicotine products (or have been in the last 12 months)

**If you are an ex-smoker or currently smoke or use nicotine products - how much do/did you smoke/vape/use and if relevant, when did you stop?**