

# 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> <input type="radio"/> any medical conditions <input type="radio"/> a hazardous occupation <input type="radio"/> any hazardous leisure pursuits  If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-	<b>Does this person have</b> <input type="radio"/> any medical conditions <input type="radio"/> a hazardous occupation <input type="radio"/> any hazardous leisure pursuits  If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-

<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:

# Engineers questions

**What is your exact job title?**

**Where will you be working and what is the nature of your work?**

**Please describe you work at height - what are the typical and maximum heights you work at and what safety precautions are used?**

**How long have you been engaged in your current occupation?**

**Please detail the name and level of relevant occupational qualifications achieved / currently held or enter NONE / NOT APPLICABLE**

**If you will be working at heights above 40ft / 12M OR abroad AND/OR in a more hazardous environment (such as offshore or a former conflict zone or otherwise dangerous environment) - please give any further relevant details including your work and living locations, any security measures and higher risk transportation required OR enter NOT APPLICABLE.**

**Please tell us the name of the company you work or contract for, and in which country it is based.**

**Please confirm if you work...**

- as a company employee working solely inside your employer's business
- as a employee of a sub-contracting company
- as a self-employed sub-contractor
- on a self-employed basis on your own work

**Please tell us if you have been involved in any occupational or at work accidents? Enter No or give brief details?**

**Do you have any health/medical conditions? If so, please give full details and/or complete**

**the relevant additional Medical enquiry forms**

**Please give details of anything else which may be important for the underwriters to know (about your work or your health or any hazardous leisure pursuits)**

## **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?**