

# Offline Enquiry Form



1) Contact / Intermediary Details (leave blank if you are applying for yourself)			
<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>	

2) What cover do you want?	
<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:	

## **Anxiety Disorders (and GAD) questions**

**When was this first diagnosed?**

**What was the date of onset – or dates if more than one episode?**

**What were your first symptoms?**

**What is your current mental state?**

**Did your illness develop as a reaction to particular circumstances? If yes, please outline those circumstances or enter NO.**

**Have you ever felt suicidal or made suicide attempts? If yes, please give full details with dates or enter NO.**

**Were you referred to a specialist? If so, please give name, address and dates of referral and discharge (if applicable) or enter NO**

**What is your occupation? Or please enter NOT WORKING or NOT ABLE TO WORK as applicable.**

**Please give details of any drugs prescribed in the last 5 years.**

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

**How many days off have you needed in the last 2 years?**

- None
- 5 or less
- 10 or less
- 15 or less
- 20 or less
- 25 or less
- 30 or less
- More than 30 (please give details when answering other questions)

**Have you ever needed in-patient or electroconvulsive therapy? If yes, please give details including dates or enter NO.**

## **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?**