

Offline Enquiry Form



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

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

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

4) Confirming your Enquiry			
Would you like Pulse to communicate with you in the future? (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?