

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 <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:-	Does this person have <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:-

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:

Gastrointestinal Disorders questions

Has your condition been diagnosed as, or is a diagnosis suspected? (select any that apply)

- I have not yet been diagnosed
- Crohn's disease
- Duodenal ulcer
- Irritable Bowel Syndrome (IBS)
- Gallstones
- Ulcerative colitis
- Other - please give details with your symptoms below

What symptoms do you get, how often and when did they last occur?

When did you last have suffer any symptoms / an attack / flare up?

How frequently do symptoms occur and how long do they usually last?

Are there any circumstances that you are aware of that precipitate symptoms? Or enter no or unknown.

Have you ever vomited blood or passed black or bloody stools? If yes, please provide details or enter NO.

Please indicate what tests / Investigations you have had or been recommended? (select all that apply and give details below)

- I have not had any tests
- Barium meal
- Blood tests
- Colonoscopy
- Endoscopy
- Enema
- Ultrasound
- Other tests or investigations (please detail below)

Please provide details of all tests / investigations including when and where these took place and the results etc.

Please provide full details of all past and current treatment, e.g. special diets, medications

and/or surgery etc.

Please give the name and contact details of your attending doctor / consultant / specialist.

Are you able to work full time and/or lead a normal life? If not, please give details.

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?