

# Business Protection data capture form

# Financial questions about the business

### Guidance for the intermediary

#### Is this an application form?

This isn't an application form. We only accept online applications and we don't need a copy of this form. This form is only intended to help you capture the information our online system will ask for and we'll base our decision on the information entered into it. You'll need to faithfully transfer the answers your client provides on this form into our online system.

Please be aware that our online system generates questions based on your client's age, sex, medical history and covers applied for, so the online questions may differ from those on this form and you may need to call your client for more information.

#### Guidance for the cover owner

#### Is this an application form?

This isn't an application form. We only accept online applications. Your financial adviser will transfer the information you provide on this form into our online application system. AIG Life Limited won't receive a copy of this form and we'll base our decision on the answers your adviser enters into our online system.

Once your cover starts, we'll send you a policy pack, including a copy of the application details we received. Please check the application details carefully and inform us of any errors or omissions – it's your res ponsibility to make sure they are correct. Please be aware that any misleading, inaccurate or incomplete answers may lead to your policy being cancelled, or a future claim being reduced or rejected. It's important that you check these details carefully.

#### What happens if the answers aren't honest, accurate and complete?

We use the answers you provide to assess the cover we can offer you. It's important that our assessment is accurate and it's your responsibility to make sure that the information we use is honest, accurate and complete, so please take care when answering each question and remember to check them carefully.

Please note: If you require personal, family or personal mortgage protection, you'll need to apply for a YourLife Plan (our personal protection range). You won't need to complete this form if you seek personal financial protection as this set of questions is for business protection cases only.

#### **AIG Privacy Notice**

The Personal information AIG collects about you, which includes sensitive information such as your health and medical history, may be disclosed to carefully selected third parties in order for us to provide your insurance and administer your policy. These third parties are:

- AIG Group companies: AIG Life Limited is a member company of American International Group, Inc. As such, we have group companies throughout the world, both inside and outside Europe (for example, in the USA)
- Our reinsurers (a list of these reinsurers can be provided on request)
- Our external third party service providers (including medical screening service providers)
- Your financial adviser
- Your own doctor and other medical consultants
- · Legal and regulatory bodies
- · Law enforcement and fraud prevention agencies, and
- Other insurance companies or organisations

AIG will never use your information for marketing purposes without your express permission. AIG may need to apply for a report from any doctor you've been seeing and needs your permission to do this. The report may include information about illness or injuries you've suffered and can be sent by post or electronically using secure software.

A medical report helps AIG to make a decision about your application and terms of your insurance, and monitor that the information you gave was accurate. This is because incorrect or misleading information could lead to the insurance being cancelled from the start, or risk a future claim being rejected or benefit being reduced.

AIG will capture your consent in a legally valid and binding way when you confirm your selections. Confirmation of your consent will be emailed to you when you submit your application, including further information about your rights.

In connection with your application for insurance, AIG will use an automated underwriting process to screen against pre-existing medical conditions. The system will use information you provide relating to the medical history and health of you, other people insured under the policy [and family medical history] to determine whether we are able to offer you an insurance policy and on what terms.

You have the right not to be subject to a decision which is based solely on automated processing, to express your point of view and contest the automated decision. You do not have to take part in this underwriting process, but if you don't AIG won't be able to provide you with an insurance policy. If you do not wish to be subject to AIG's automated decision making process we will be unable to continue with this application.

Please read our **privacy policy** (<u>www.aiglife.co.uk/privacy-policy</u>) for further details about how we use your personal information and automated decision-making tools.

Yes	No
	Yes

# Section A - Reason for this cover

Whc	at's the reason for taking out this cover?
Selec	t the relevant option
	Business lending (including key person loan protection)
	Key person/loss of profits/role replacement protection
	Shareholder or partnership protection
	Business buy-to-let protection
	Investor protection/management buyout or buy-in/venture capital cover
	Business overdraft
	A combination of reasons or another reason
	e cover you're applying for is for a combination of reasons or for a reason that isn't listed, please lain here:
inclu	the person covered have more than £1.25m of life cover or £650k of critical illness cover in force, uding this policy?  e completed by all applicants)
inclu	uding this policy?
inclu	e completed by all applicants)
inclu (To b	e completed by all applicants)  No

# Please see below the sections you'll need to fill out.

<b>Total cover in force</b> Please include any other cover already in force with AIG Life Limited (formerly Ageas Protect Limited or Fortis Life Limited) and with any other provider	Between Life: £1.25m and 3m or Critical Illness: £650K and £1.5m	More than Life £3m or Critical illness £1.5m
Business lending (including key person loan protection)	В	C and D
Key person/loss of profits/role replacement protection	В	C and E
Shareholder or partnership protection	В	C and F
Business buy-to-let protection	C and G	C and G
Investor protection/management buyout or buy-in/venture capital cover	В	C and H
A combination of reasons or another reason	В	C and I/J
Business overdraft	C and K	C and K

# Section B - Fast-track financial underwriting

If yes, please go to section C and E

To be completed when the person covered will have up to £3m of life cover or £1.5m of critical illness cover in force, including this policy.

Has the business made a net profit before tax in each of the last two years (ie. accounting year end)?  This includes the most recent year end accounts not yet submitted to Companies House or draft accounts.	
Yes	
No	
If no, please go to section C and relevant sections D, E, F, G, H, I or J	
Business lending	
Is this proposed cover greater than your loan amount or is it longer than your repayment period?	
Yes	
No	
If yes, please go to section C and D	
How many people are applying for cover, or already have cover, to protect this loan (or loans)?	
	_
Is it a requirement of the lender that all those applying for cover must have loan protection cover?  Yes	
No	
If no, please answer the question below	
Please explain why cover has been requested on people who aren't required by the lender to have cover:	
Key person cover	
Is the total amount of key person cover on this life greater than ten times salary?  Please include benefits in kind and any regularly paid bonus or overtime and if regular dividends are paid in lieu of salary these should also be included.	
Yes	
No	

# Shareholder or partnership protection

Is this proposed cover greater than the value of the percentage shareholding owned by the person covered?
Yes
No
If yes, please go to section C and E
Investor protection/management buyout or buy-in/venture capital cover
Is this cover proposed greater than the amounts invested into the business in the past 2 years?
Yes
No
If yes, please go to section C and F
Has any of the investment been made by private individuals?
Yes
No
If yes, please tell us the total investment made in the past 2 years, amount made by private individuals and the amount made by venture capital, investment firms or banks.
Combination of reasons
Please let us know the reason for this cover, sum assured for each reason, explain how the sum assured was calculated, last 2 years net profit before tax figures and the year they're for, and the reason for any existing cover.
Another reason
Please provide a detailed explanation of the reason for this cover, how the sum assured was calculated and the name of the business being protected.

# Section C - Company information

Year

mm/yy - mm/yy (this year)

mm/yy - mm/yy (last year)

To be completed when the person covered will have over £3m of life cover or £1.5m of critical illness cover in force, including this policy. Also to be completed when you have been directed to section C earlier in the document.

#### Please provide the last two years' income for the person covered.

Income (£)

Please include benefits in kind, regularly paid bonus or overtime and regular dividends paid in lieu of salary. If there are any missing years enter as 0.

What shareholding percentage does this person own? (%)

Do you have finalised ac are less than 18 months		ast three consecutiv	e years, including finalis	ed accounts which
Yes				
No				
Do the accounts contain	any negative aı	mounts (losses) in th	ne gross profit or net prof	fit?
Yes				
No				
Please provide details of	-			ur Los
Please enter the most recent figures for the last three year		, ,	, ,	s. It you don't have
Year mm/yy - mm/yy (most recent year)	Turnover £	Gross profit	Pre-tax net profit	Net assets
If accounts are incomple	te and /or there	are any negative f	iaures, please explain w	rhy
An underwriter may contact	=		•	-
,		,		
If there was a drop in the Note: we may require copie				ease explain why.
, 1 (1)	- ,			
Please continue to the se	ction of this do	cument relating to y	our reasons for purchasi	ng cover.

# Section D - Business lending

Yes

# Does the business already have or plan to take out key person cover on other key people in the business?

No			
If yes, please provide the follo	owing details for any covers you al	lready have in place for this purpos	e:
	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3
Insurer			
Policy number			
Type of cover (life and/or critical illness)			
Sum insured	£	£	£
Year commenced			
Will it be cancelled on commencement of this application?			
End date			
Any other details, including reason for cover			
What skills and attribut	es make this person key to	the business and repaymer	nt of the loan?
What's the amount of th		umanthy avva d	
£	ease tell us the amount that is cu	orrently owed.	
If the amount of cover exce	eds the loan amount, please tell	I us why:	

What's the repayment term of the loan in years?  If it's for an existing loan, please tell us the remaining term. If it's a part-year, please round up to the next complete year.
If the term of the cover exceeds the term of the loan, please tell us why:
Who's the lender?
Please tell us the rate(s) of interest payable:
What's the name of the borrower(s)?
What's the reason for the loan(s)?
What date were the loan funds released?
Is/are the loan(s) in arrears?
(i.e payments to the lender have been missed and are still owed in addition to the regular payments)
Yes
No
If yes, let us know how many payments are outstanding, what plans are in place to clear the arrears and if the bank have started any formal proceedings to have the loan repaid.

# Section E - Key person cover

Yes

# Does the business already have or plan to take out key person cover on other key people in the business?

No						
If yes, please provide the follo	owing details for any covers you al	lready have in place for this purpos	e:			
	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3			
Insurer						
Policy number						
Type of cover (life and/or critical illness)						
Sum insured	£	£	£			
Year commenced						
Will it be cancelled on commencement of this application?						
End date						
Any other details, including reason for cover						
What skills and attribut	es make this person key to	the business?				
	red for this application is mo	ore than 10 years, please b	riefly explain why.			
	sed to decide on the sum as and figures used as well as expl	• • •				
Please state the percentage of the profit that is attributable to this person.						

### Section F - Shareholder or partnership protection

# Does the business already have or plan to take out shareholder cover on other people in the business? Yes No If yes, please provide the following details for any covers you already have in place for this purpose: Existing/planned cover 1 Existing/planned cover 2 Existing/planned cover 3 Insurer Policy number Type of cover (life and/or critical illness) £ £ £ Sum insured Year commenced Will it be cancelled on commencement of this application? End date Any other details, including reason for cover Will there be a double option or buy-sell agreement in place when this cover commences? Yes No If no, please explain what agreement does exist to give rise to the need for this cover: If the cover being applied for includes critical illness (or critical illness with Total and Permanent Disability), does the business agreement specifically detail the need for these benefits? Yes No If no, please explain below why these benefits have been included:

What's the value of the business?
£
Please explain how the business value was calculated, including the formula and figures used as well as explaining why these were chosen.
Who valued the business?
Willo valued the business:

# Section G - Business buy-to-let

Yes

# Does the business already have or plan to take out cover on other key people or shareholders in the business?

No			
If yes, please provide the follo	owing details for any covers you a	lready have in place for this purpos	e:
	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3
Insurer			
Policy number			
Type of cover (life and/or critical illness)			
Sum insured	£	£	£
Year commenced			
Will it be cancelled on commencement of this application?			
End date			
Any other details, including reason for cover			
•	lude the company or provider c	ditional cover you intend to of the cover, the type of cover, th	
	t of the outstanding mortgo	age or mortgages to be prot	ected by this cover?
£			
If the sum assured exceeds	the mortgage amount owed, pl	ease explain why:	
		·	

What's the name of the	borrower	?				
Who's the lender?						
willo sille lelider:						
Please tell us the rate(s) of i	nterest paya	ble.				
How many mortgages	will be in r	olace when this	cover commences?			
Please provide details	or each me	ortgage that wi	ill be in place.			
Mortgage 1			Mortgage 2			
Is the mortgage already in place?	Yes	No	Is the mortgage already in place?	Yes	No	
Name of lender(s)			Name of lender(s)			
Interest rate(s) charged			Interest rate(s) charged			
Term of the mortgage (remaining term if the loan is already in place)			Term of the mortgage (remaining term if the loan is already in place)			
Amount currently owed			Amount currently owed			
Mortgage 3			Mortgage 4			
Is the mortgage already in place?	Yes	No	Is the mortgage already in place?	Yes	No	
Name of lender(s)			Name of lender(s)			
Interest rate(s) charged			Interest rate(s) charged			
Term of the mortgage (remaining term if the loan is already in place)			Term of the mortgage (remaining term if the loan is already in place)			
Amount currently owed			Amount currently owed			

# Please provide details for each mortgage that will be in place.

Mortgage 5			Mortgage 6		
Is the mortgage already in place?	Yes	No	Is the mortgage already in place?	Yes	No
Name of lender(s)			Name of lender(s)		
Interest rate(s) charged			Interest rate(s) charged		
Term of the mortgage (remaining term if the loan is already in place)			Term of the mortgage (remaining term if the loan is already in place)		
Amount currently owed			Amount currently owed		
What date(s) were the I	oan funds	released?			
Is the loan(s) in arrears	?				
Yes					
No					
If yes, let us know how many any formal proceedings to he			ns are in place to clear the arre	ars and if the	bank have started

Section H - Investor protection/management buyout or buy-in/venture capital cover What skills and attributes make this person key to the business? What percentage of the profit is attributable to this person? Please let us know if this cover is for Management Buyout, Management Buy-in or Venture Capital investment. What is the amount of investment/finance being made into the business and when was the investment made? What are the names of the venture capital, investment firms or banks involved in the investment/finance? Please fully explain how the sum assured was calculated.

# Section I - Combination of reasons

Yes

# Does the business already have or plan to take out cover on other key people or shareholders in the business?

	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3
Insurer			
Policy number			
Type of cover (life and/or critical illness)			
Sum insured	£	£	£
Year commenced			
Will it be cancelled on commencement of this application?			
End date			
Any other details, including reason for cover			
What skills and attribu	tes make this person key to	the business?	
What percentage of the	e profit is attributable to this	s person?	
What are the reasons f	or this cover?		
Please let us know the sum calculation used.	assured for each reason, explain	in how the sum assured was cal	culated and the

# Section J - Another reason

Yes

# Does the business already have or plan to take out cover on other key people or shareholders in the business?

	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3
Insurer			
Policy number			
Type of cover (life and/or critical illness)			
Sum insured	£	£	£
Year commenced			
Will it be cancelled on commencement of this application?			
End date			
Any other details, including reason for cover			
Vhat skills and attribut	es make this person key to	the business?	
Vhat percentage of the	profit is attributable to this	s person?	
<b>Vhat are the reasons fo</b> lease let us know the sum			

# Section K - Overdraft

Questions continue on next page.

Yes

No

# Does the business already have or plan to take out cover on other key people or shareholders in the business?

If yes, please provide the follo	owing details for any covers you a	lready have in place for this purpo	se:
	Existing/planned cover 1	Existing/planned cover 2	Existing/planned cover 3
Insurer			
Policy number			
Type of cover (life and/or critical illness)			
Sum insured	£	£	£
Year commenced			
Will it be cancelled on commencement of this application?			
End date			
Any other details, including reason for cover			
How long have you bee	en using this overdraft facil	ity?	
Over the last three year overdraft facility?	's, what's the average amo	unt you've withdrawn from	your
If you have had the overdro	aft for less than 3 years, please	give the average amount to date	Э.

at's the name of the lender(s) and interest rate(s)?
use explain why the overdraft is needed, how it's used and what business expense it covers.
oplicable, please tell us why the business needs overdraft cover for longer than five years.



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