



Agent / Broker's Financial Questionnaire for Business Cover

Q21

A. Particulars of Life to be Assured / Assured

Name	:	_____
NRIC/ Passport No.	:	_____
Contract No.	:	_____

B. Financial Questions

No.	Questions	Answers
1.	Are you completing this form using information supplied by your client or from your own knowledge of his/ her business or financial status?	
2.	What is the purpose of this insurance?	<input type="checkbox"/> Personal Protection or Family Protection <input type="checkbox"/> Residential Loan <input type="checkbox"/> Employee Benefit <input type="checkbox"/> Others (Please specify):
3.	How is the Sum Assured derived?	
4.	Please provide the following:	
	Name of Business:	Designation and Duties:
	Nature of Business:	
	Date Business Commenced:	Percentage of Ownership:        %
5.	Is there any concurrent proposal(s) on the Life to be Assured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , please provide details:
6.	Please provide a brief account of the Life to be Assured's home environment, business activities, lifestyle and reputation.	

7.	Is there any other information which may be helpful to the Underwriter?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , please provide details:
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**C. Declaration**

I agree to inform Aviva Ltd if there is any change in the state of health, financial or activities between the date of this Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I declare that the information given is true and complete and that I have not withheld any material information that may influence the assessment of my application.

Signature of Adviser / Broker : \_\_\_\_\_ Date : \_\_\_\_\_

Name of Adviser / Broker : \_\_\_\_\_