



Zurich Life Insurance Malaysia Berhad

Registration No. 196801000442 (8029-A)
 Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia
 Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

LARGE AMOUNT / FINANCIAL QUESTIONNAIRE

(Information provided in this questionnaire is material for appraisal of the application for insurance)

Application No: _____

Full Name: _____

Tick (v) where appropriate:

For large premium-to-income ratio & personal insurance, please complete **Part 1 ONLY**

For business insurance policy, please complete **Part 1 & 2**

PART 1: MANDATORY SECTION FOR ALL APPLICATION

1.	<p>What is the purpose of effecting this policy (e.g. Personal/Family Protection, Investment, Loan Protection/Collateral etc.)?</p> <p><i>(NOTE: Please enclose a copy of the loan agreement if the policy is for personal loan protection/collateral)</i></p>	
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2.	Please state any existing insurance cover or pending applications are being made to other life insurance companies.					
	Company	Sum Assured	Issue Date (if applicable)	Type of Cover	Purpose of Cover	Annualized Premiums

3.	Details of Assets and Liabilities			
	Assets	Approx. Current Value (RM)	Liabilities	Amount Outstanding (RM)
	Properties/Real estate		Mortgage Loans	
	Stocks /Bonds/Unit Trust/Fixed Deposits		Other Loans	
	Others (please specify) _____		Other Liabilities (please specify) _____	
	Approximate total nett worth (total assets owned by proposed insured minus total liabilities)			

4.	Details of Income for the last 2 years	Year _____	Year _____
	Earned Income e.g. Basic salary, allowances, commissions, bonuses, income from business etc. <i>(NOTE: A copy of income tax return is required)</i>	RM	RM
	Unearned Income		
	Rental Income <i>(NOTE: A copy of tenant agreement is required)</i>	RM	RM
	Dividends from shares/investments/interests from fixed bank deposits etc <i>(NOTE: A copy of statement/slip is required)</i>	RM	RM
	Other income (please specify) _____	RM	RM
	Total Income	RM	RM

5.	What is the source of premium payments?	
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6.	Do you have any affiliation with any political groups/parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	If Yes, please provide the particulars:
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PART 2: FOLLOWING QUESTIONS ARE ALSO TO BE ANSWERED IF APPLICATION IS BUSINESS INSURANCE

The purpose of the policy is for:

Keyman cover
Complete No. 7 & 8

Business loan protection
Complete No. 7 & 9

Share buy/Sell arrangements
Complete No. 7 & 10

7.	(a) Company Name				
	(b) Type of Company Tick (v) where appropriate	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-profit organisation <input type="checkbox"/> Partnership <i>No of partners: _____</i> <i>Reason if not all partners are covered: _____</i>	<input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Listed Company <input type="checkbox"/> Others: _____		
	(c) Nature of business				
	(d) How long has the company been in business?				
	(e) Any plans for expansion or any major events that may affect the company's performance within the last and next 3 years?				
	(f) During the last three years, what has been the:				
		Year:	Year:	Year:	
	Turnover (RM)				
	Gross Profit (RM)				
	Net Profit (RM)				
	NOTE: A copy of audited accounts of the business for each of the past three (3) years to be submitted.				

8.	Keyman cover:			
	(a) What salary or emolument has the proposed insured earned over the last 3 years?	Year: _____ RM	Year: _____ RM	Year: _____ RM
	(b) What is the role of the proposed insured in the company?			
	(c) How long has the proposed insured been with the company?			
	(d) Briefly indicate why the applicant is considered as a keyman.			
	(e) Without the proposed insured, what is the estimated amount that the company would lose in profit?	Year 1 RM	Year 2 RM	Year 3 RM
	(f) Is the policy taken out for any reason besides protecting the company's profits?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give reasons:		
	(g) The number of associates in the Company who are on the same or higher management level as the proposed insured and the amounts for which each have been or are being insured by the Applicant Company.			
	Management Level	Name of Associates	Amount of Insurance Cover (RM)	Amount to be Insured with the Company (RM)
	Same Level			
	Higher Level			
	(h) Has a board minute been passed or any other written authorization given to affect this policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(i) Have you consulted accountant in calculating the amount of cover proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

9.	Business loan protection: Please enclose a copy of the loan agreement				
	(a) Who is granting the loan and for what purpose?				
	(b) What is the role of the proposed insured in securing the loan?				
	(c) Period of repayment				
	(d) If the amount and duration of the policy differ from those of the loan, please provide reasons.				
	(e) Name of borrower(s). If there is more than 1 borrower, please state insurance arrangement for other borrower(s).	<table border="1"> <thead> <tr> <th>Name of Borrower</th> <th>Amount to be Insured</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Name of Borrower	Amount to be Insured	
Name of Borrower	Amount to be Insured				

10.	Share buy/sell arrangements: Please enclose a copy of the Buy and Sell Agreement	
	(a) Number of partners and percentage of share of each	
	(b) How much do you think the company/partnership is worth?	
	(c) Is every partner insured or being insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) For what amounts are the other partners individually insured or are being insured?		

Declaration:

- I hereby confirm that the information contained herein is true, complete, and correct. I undertake to inform Zurich Life Insurance Malaysia Berhad ("ZLIMB") of any change to the information supplied as and when such changes occur. I acknowledge and agree that information provided in this form constitutes as part of my application and that any failure to provide true, complete and correct information to ZLIMB may affect my claim or may result in ZLIMB invalidating or terminating the policy.
- I hereby authorize and consent to ZLIMB disclosing any of the information contained in this form to the relevant regulatory authority or to such other person if ZLIMB is under the obligation to make disclosure under the requirement of any laws, regulations, notices, guidelines, whether or not having the force of law.

Signature of Insured:

Signature of Applicant:

Entity's stamp is required if Applicant is an Entity.

Name of Insured:

Name of Applicant:

Date Signed (dd/mm/yyyy):

Date Signed (dd/mm/yyyy):

Signature of Witness:

Witness must be at least 18 years old and not a named beneficiary

Signature of Agent:

Name of Witness:

Name of Agent:

Date Signed (dd/mm/yyyy):

Date Signed (dd/mm/yyyy):