



## Lifestyle Insurance - Information Capture Sheet

When completing the Information Capture Sheet, or having your Insurance Advisor complete it on your behalf, you must provide all material facts. Failure to disclose such necessary information or disclose false information could invalidate any insurance cover in the event of a claim. Note to the Introducer: The Information Capture Sheet is provided for the purposes of capturing client's cover requirements prior to producing a full quotation using the Source software. Submission to underwriters of an Information Capture Sheet is not an acceptable means of application. A fully completed Application Form produced from the Quotation Documentation section of the software and submitted electronically is the only acceptable means of submitting new business to underwriters for acceptance.

### Applicant Details

Title  Forenames

Surname  DOB  /  /

Gender  Mobile Number

Telephone Number

Email address

These policies offer electronic documents as standard. If you would prefer hard copies of your documents posted, please tick the box.

Are you a permanent resident of the UK? No  Yes

Have you been residing in the UK continuously for the last 6 months? No  Yes

Do you smoke?  
 No, never smoked  Yes, current smoker   
 Ex-smoker

When did you quit?  
 Less than 6 months ago  Less than 1 year ago   
 Less than 2 years ago  Less than 3 years ago   
 More than 3 years ago

Have you received treatment or medication for a medical condition in the last 12 months? No  Yes

Are you awaiting referral or consultation for any condition or are you off work at the time of completing this application? No  Yes

Do you have an existing Lifestyle policy? No  Yes

Would you like to apply to transfer cover from an existing scheme? No  Yes

Have you made a claim within the last 24 months? No  Yes

Type of Claim?  
 Accident & Sickness  Claim start date  /  /   
 Unemployment  Claim end date  /  /

### The Property

Insured (risk) Address   
 Post Code

Correspondence Address  Tick if same as above

Post Code

### Employment

How many hours a week do you work?  
 Less than 16 hours  More than 16 hours

Occupation  Nature of Business

Employer's Name

Nature of Business  
 **A) Employed**  
 Are you a shareholding director? No  Yes   
 Are you a proprietor? No  Yes

**B) Self-Employed**

**C) Contract Worker**

**Type of Contract**  
 Employed Fixed Contract   
 Employed Renewable Contract   
 Employed Zero Hours Contract

How long have you been in continuous work?

A) 12 months or more   
 B) Between 6 and 12 months   
 C) Less than 6 months

Have you been working in the UK continuously for the last 6 months? No  Yes

Are you currently in work? No  Yes

Is your work temporary, casual or seasonal (including any work for a temporary employment agency)? No  Yes

Are you aware of any redundancies, restructure, reorganisation, financial or contractual threats within the business you work in, even if you do not believe these actions will result in you becoming unemployed?

No  Yes

### Cover details

What do you want to cover?

**A) Income**

**B) Rent**

What is your monthly rental amount?

£

**C) Mortgage**

What is your monthly mortgage repayment amount?

£

How do you own the property?

Home owned on a mortgage

Home owned outright

Your Mortgage

New Mortgage

Existing Mortgage

Re-mortgage

Monthly cover amount

£

What is your gross annual income?

£

Cover Required

A) Accident & Sickness only

B) Unemployment only

C) Accident, Sickness & Unemployment

Days before claiming on Accident & Sickness?

0  30  60  90  180

Days before claiming on unemployment?

0  30  60  90  180

Benefit Period?

6 Months  12 Months  18 Months  24 Months

### Cover Commencement Date

### Notes

Additional Notes

*I confirm that the information given in this form is true, complete and accurate to the best of my knowledge.*

Signature

Print Name

Date

Any questions regarding this form please contact:  
02920 265 265 or email [sales@thesource.co.uk](mailto:sales@thesource.co.uk)