

Business expenses questionnaire

This statement should be completed by the person to be insured.



Policy number/s

Policy type: Wealth Protection FutureWise

Your duty of disclosure

Before entering into a life insurance contract, we must be told anything that each of you as the proposed policy owner and the life to be insured (if a different person to the proposed policy owner) knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. It also applies before the insurance contract is extended, varied or reinstated.

We do not need to be told anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you are the life to be insured (but not also the proposed policy owner), you not telling us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, may be treated as a failure by the proposed policy owner to tell us something that they must tell us with the following consequences for the proposed policy owner.

If we are not told something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If we are not told anything that we are required to be told, and we would not have provided the insurance if we had been told, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had been told everything we should have been told. However, if the insurance contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the insurance contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1 Life insured details

Title	Surname			
Given names	Date of birth		/	/
Address	State		Postcode	
Contact details	Work ()	Home ()		
	Mobile	Email		

2 Business details

(a) When did your business commence?

(b) What are the principal business activities?

(c) Describe what you would expect to happen to your business in the event of your disability and over what timeframe. Include details of any contingencies (including use of a locum) that may be in place

(d) What proportion of total business expenses are you responsible for? %

(e) Provide the following details for all income generating employees and business owner/partners:

Name of employee or business owner/partner	% of income generated	Role/duties	Annual salary	% interest in the business (if any)
	%		\$	%
	%		\$	%
	%		\$	%
	%		\$	%

(f) Are you applying for

Key person replacement cover? → complete Section 3

Ongoing fixed expenses cover? → complete Section 4

3 Key person replacement cover

(a) What is your position in the business?

(b) What are the duties, special skills, knowledge, expertise, qualifications, contacts or other factors that contribute to make you a key person that would require the business to get a replacement in the event of your disability?

(c) What proportion of the business net profit can be directly attributed to you (the life insured)? %

(d) What would a replacement cost at market rates? \$ per month

(e) Outline the basis on which the replacement cost was determined?

(f) Clarify how long it would most likely take to source a replacement

4 Ongoing fixed expenses cover

Enter your share of average monthly business expenses (that you are responsible for). Some expenses are not eligible for this insurance (e.g. partner share of expenses and salaries). Refer to the PDS for a list of business expenses that we will cover:

Accounting and auditing fees (regular only)	\$
Bank fees and charges	\$
Cleaning costs (regular only)	\$
Electricity, gas and water	\$
Fees for professional associations	\$
Insurance premiums (excluding this policy and Income Protection policies)	\$
Interest payments on business loans	\$
Leasing/Hire purchase of office equipment, machinery or motor vehicles	\$
Loan repayments of business capital/principal loan (minimum ongoing only)	\$
Locum cover (less earnings generated by Locum)	\$
Motor vehicle fixed business related costs (registration etc.)	\$
Payroll tax for employees not directly involved in revenue generation	\$
Printing postage and stationery	\$
Property rates/taxes	\$
Rent/Leasing fees (business premises)	\$
Repairs and maintenance	\$
Salaries of employees not directly involved in revenue generation (excluding income splitting)	\$
Security costs	\$
Subscriptions/fees for business related associated memberships	\$
Superannuation contribution for employees not directly involved in revenue generation (excluding income splitting)	\$
Telephone	\$
Other expenses (specify nature of the expense)	
Expense:	\$
Expense:	\$
Expense:	\$
Total	\$

5 Declaration

The proposed life insured states as follows:

- I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
- Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct.
- I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
- I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
- I understand that the insurance applied for shall not become effective until Zurich accepts my application.
- I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
- I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**

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Print Form