



Contact Details

Name - Life 1		
Name - Life 2		
Full Address		
Post Code		
Home Telephone		
Work Telephone		
Mobile		
Email		
What is the best time to contact you between 9am – 6pm Mon – Fri or 9am – 1pm Saturday?		
Date of Birth	Life 1	
	Life 2	
Occupation	Life 1	
	Life 2	
Annual Salary (before tax) or tax rate	Life 1	
	Life 2	
Marital Status	Life 1	
	Life 2	
Number of Dependents	Life 1	
	Life 2	

Where did you hear about Unique Insurance Services?	Were you asked to quote a reference number?

Do you have any existing cover or have you applied for cover anywhere else?

Underwriting / Medical Details

Life 1	
Have you smoked in the last 12 months? (includes any replacement products such as gum, patches etc)	
Do you have any pre existing medical conditions (please confirm condition, date of diagnosis and details of medication below)	
Height	
Weight	

Life 2	
Have you smoked in the last 12 months? (includes any replacement products such as gum, patches etc)	
Do you have any pre existing medical conditions (please confirm condition, date of diagnosis and details of medication below)	
Height	
Weight	

Cover Required

What is cover for?					
Mortgage Loan		Family Protection		Other Loan - Car/Business	Other

Mortgage Loan type (if applicable)	Capital & Repayment		Flexible
	Interest Only		Endowment / PEP / ISA
Is this your first mortgage?	YES	NO	

Type of Cover Required (e.g. level or decreasing life cover)		
Life 1	Life 2	Joint Life

Sum Assured or Maximum Premium	Term Required (in years)

Do you require any additional benefits?			
Family Income Benefit		Waiver of Premium	