AUSTRALIAN INSURANCE SERVICES PTY LTD – DISABLEMENT FACT FINDER / NEEDS ANALYSIS

DATE:

Advice Required – Specific ☐ General ☐
Source – Yellow Pages ☐ Referral ☐ Counter ☐ Other ☐

Insured's Name:			
Trading Name:			
Contact Name:		ABN:	
Postal Address:			P/C:
Ph: B/H	Fax No:	Mobile Phone:	
Occupation:	Qualifications:	Experience Years:	
Email:	Web page:		
Current Insurer:	Current Broker:	Expiry Date:	
Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:			
(a) Refused to renew / cancelled or terminated a policy		YES ☐ NO ☐	
(b) Refused a claim or required an increased premium under the policy?		YES ☐ NO ☐	
(c) Imposed special conditions under the policy?		YES ☐ NO ☐	
(d) Have you been convicted on any criminal offence or been declared bankrupt?		YES ☐ NO ☐	
(f) Have you had any claims in the past 5 Years?		YES ☐ NO ☐	
If YES to any of the above, please give details below,			
Type of Disablement cover required			
☐ **OPTION 1. PERSONAL ACCIDENT OR PERSONAL ACCIDENT & SICKNESS**			
- Benefit payable for limited period. Policy can be cancelled by Insurance Company			
☐ **OPTION 2. INCOME PROTECTION INSURANCE (Full Advice can only be provided by Accredited Consultant)**			
- Benefits Payable for longer periods and non-cancelable by Insurance Company			
Definition of Income – Personal Exertion Earnings, before Tax but after deductions of Business Expenses			
Current Income: $			
PERSONAL ACCIDENT/ILLNESS – Income 100% ☐ 75% ☐ Other ☐			
1. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death $	Weekly Accident $	Weekly Illness $	Smoker Y/N
2. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death $	Weekly Accident $	Weekly Illness $	Smoker Y/N
3. Name:	DOB:	Hgt:	Wgt: Gender M/F
Death $	Weekly Accident $	Weekly Illness $	Smoker Y/N
Period of benefit 52 ☐ 104 Weeks ☐	Waiting period 7days ☐	14 days ☐	30 days ☐
Any Health or accident disclosure: Y/N Details:			
☐ **OPTION 2. INCOME PROTECTION** - YES ☐ NO ☐ - **(Quote only by Accredited Consultant)**			
Name: DOB: Hgt/Wgt:	Gender:	Monthly Benefit:	Payable to age: Smoker Y/N