

LifeQuote Decision in Principle Data Capture

Designed by LifeQuote to assist advisers in sourcing a medical or lifestyle pre-underwriting decision from multiple insurers in one go.

Decision in Principle helps you to create a recommendation for your client based on their specific information and help manage expectations should any ratings or exclusions be applied. This will help improve completion rates, reduce NTU's and declinature, plus remove the need for 'multi apps' helping you save time and improve the customer journey.

Please select insurers

Guardian	
Holloway Friendly	Please select
Legal & General	Please select
LV=	Please select
Royal London	Please select
Scottish Widows	Please select
The Exeter	Please select
VitalityLife	Please select
Zurich	Please select

We will ask you questions about your clients, their proposed application, any existing cover they have in place, their occupation and details of their medical history, hazardous hobbies or pursuits and family history.

The outcome is just an indication and is still subject to a full application and underwriting. Once completed the individual insurers selected will respond directly to you with their indication. If you have not received a response after 48 hours please contact the insurer directly.

About you

Adviser Name	
Advisory Firm	
Email Address	
Preferred Contact Number	

Client information	
Client reference	
Please do not enter your client's name as you ma	y be in breach of the Data Protection Act.
Gender	
Age next birthday	
Please do not enter your client's date of birth as of compation: Please provide details of your client's en	
What is your client's occupation?	
What is your client's employment status?	
Please provide brief details of your client's duties? (Optional)	
Does your client drive more than 18,000 business miles per annum?	
How much does your client earn per annum? (£)	
Lifestyle Information	
Has your client smoked, used nicotine replacements, or e-cigarettes within the last 12 months?	
Please confirm	
How many cigarettes does your client smoke per day?	
Alcohol units: one pint of beer = 2.5 units, one 33 wine = 2 units, one measure of spirits = 1 unit.	0ml bottle of beer = 1.5 units, one 175ml glass of
Does your client drink alcohol?	
If 'Yes', please give details of the amounts, frequency and type of alcohol they drink	
Has your client ever been advised by a medical professional to stop drinking alcohol?	

If 'Yes', please supply more details

Height &	weight: ple	ease provide yo	ur clients	height ar	nd weight	wearing i	ndoor c	lothes v	vithout
shoes.									

What is your client's height?	
What is your client's weight?	
If your client is pregnant, please confirm their pre- pregnancy weight.	
When was the last time your client weighed themselves (mm/yy)? (Optional)	
What is your client's waist measurement?	
Insurer Specific Questions	
If your client is aged 55 and under have they ridden a motorcycle on the road in the last 12 months?	
Is your client resident in the UK (excluding the Channel Islands and the Isle of Man)?	
Please provide details.	
Has your client travelled overseas for a continuous period of more than 90 days in the last 5 years?	
Please provide details.	
Product information	
Type of Application	
Reason for Cover	
Type of Benefit Required	
Please confirm details of the benefits required, including sum assured, term, deferred period and additional add ons if required.	
Existing Policies: Please supply details of the total existing policies, including those currently being a	
Does your client have any existing Life Protection, Critical Illness Protection and/or Income Protection Plans currently in-force or being applied for?	
Please confirm details of the existing policies including benefits, sum assured, terms and whether they will remain in force	

Key questions

Please confirm the medical information you would	
like underwritten.	
5	
Please include as much detail as possible,	
including, name of condition, date of diagnosis, current symptoms, current or past	
medication, any hospital visits or inpatient	
treatment, whether there are any ongoing follow	
ups or appointments plus confirmation of date of	
discharge if applicable.	
Please confirm if your client's biological parents,	
brothers or sisters have died or suffered from any	
of these conditions before the age of 60?	
M. O. and and Market States and a state of the state of t	
If there are multiple instances, please choose	
multiple.	
Please provide full details including age of	
relative(s) at diagnosis.	
Please confirm any additional nonmedical	
information you would like	
underwritten.	
Please include as much detail as possible.	
i idado ilidiado ao ilidoli aotali ao poddibio.	

IMPORTANT - Please Read

I understand that this Decision in Principle does not form part of my client's application. It's important that any Decision in Principle provided by the insurer is referenced when submitting an application to LifeQuote. Also, the application is still subject to full underwriting.

To the best of my knowledge the information and statements made by my client are true and complete. I also understand that if the statements aren't correct and my client doesn't inform an insurer at application stage or before the policy starts of any material fact relating to their application then it might result in the future loss or cancellation of the protection.

By submitting this request, I confirm I have my customers consent to share their data