

## OneStopBroker.ie

Quote prepared for David Gibbon.

Prepared on 01/04/08 11:11.

Quote was prepared under the following terms:

23 year old male, non smoker, 234,000 life cover only, 6% mortgage.

Insurer: Irish Life

Product: Life Cover Only

Price: €230.96

## Terms Of Business of Mortgage & Investment Brokers

The Firm is authorised and regulated by the IFSRA and a copy of the firm's statement of authorised status from the Central Bank is attached.

The Firm is authorised to advise on any and all of the above mentioned product producers products which includes life assurance policies, serious illness and other protection policies, pension policies and related retirement policies, savings, mortgages, equity release products and investment life policies.

The Firm is authorised to advise you in relation to the life assurance, pension and investment products described above and to receive and transmit orders on your behalf to the product producers.

The Firm may receive commission and other payments from product producers, which accept policies proposed from you. Summary details of these payments will be included in a product disclosure document before a proposal for a product is completed by you and all details will be provided at policy issue stage.

The Firm's policy is to avoid any conflict of interest when providing business services to its client. However, should an unavoidable conflict arise we will advise you of this in writing before proceeding to provide any business service. If you have not been advised on such conflict you are entitled to assume that none arises.

The Firm is a member of the Investor Compensation Scheme, which provides certain remedies to eligible clients in the event of default by the firm. The main details of the operation and conditions of the scheme are attached

If you have any complaint in relation to the business services provided by the firm you should outline the nature of your complaint to the firm in writing. The complaint will be fully investigated by the firm and a full response will be provided to you. While our investigation of any complaint is ongoing we will provide you with a regular written update. In the event that you are dissatisfied with the outcome of a complaint or if your complaint is not resolved within four months you are entitled to refer your complaint to the Ombudsman or directly to the Central Bank of Ireland.

# Data Capture Form

## Personal Details

First person to be covered

Name

*DAVID GIBBON*

Second person to be covered

Name

\_\_\_\_\_

Date of birth

*08/-----*

Date of birth

\_\_\_\_\_

Marital Status

\_\_\_\_\_

Marital Status

\_\_\_\_\_

Address

*200 THE M-----, IS-----, DUBLIN X*

Country of birth

\_\_\_\_\_

Country of birth

\_\_\_\_\_

Previous surname (if any)

\_\_\_\_\_

Previous surname (if any)

\_\_\_\_\_

Precise Occupation

\_\_\_\_\_

Precise Occupation

\_\_\_\_\_

Current Level of Earnings

\_\_\_\_\_

Current Level of Earnings

\_\_\_\_\_

Contact phone no

*085-----*

Contact phone no

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address

*DAVID@U-----.COM*

Email address

\_\_\_\_\_

## Policy Owner Details (if different to person to be covered)

Policy Owner's name or Business name

\_\_\_\_\_

Personal Policy owner's DOB

\_\_\_\_/\_\_\_\_/\_\_\_\_

Insurable Interest

\_\_\_\_\_

Address of policy owner/business

\_\_\_\_\_

## Trust Information (if written in trust)

Type of trust

**Flexible Shareholders Partners**

Appointer's name

\_\_\_\_\_

Appointer's date of birth

\_\_\_\_\_

Address of appointer

\_\_\_\_\_

## Alteration Authority

Assuming the plan owner is not different from the persons covered, and the plan is not to be assigned or written in trust, please confirm who can authorise transactions?

All Plan owners only/ Any one plan owner/ First person covered/ Second person covered

Note: This does not apply if you are reducing your benefits, or cancelling/cashing in your plan.

## Further Information

Is this application in connection with a mortgage?

If YES, is the cover amount less than or equal to the mortgage amount?

Is the policy to be assigned immediately on issue to the lender?

## Payment Details

On what date in the month are debits to be collected (1st-28th)?

Bank Sort Code

Account Number

Name of account

Name & Address of bank

# Health questions for protection cases

First person to be covered

Second person to be covered

Please give the name and address of your doctor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Height and weight

\_\_\_ FEET \_\_\_ INCHES

\_\_\_ FEET \_\_\_ INCHES

\_\_\_ STONE  
\_\_\_ POUNDS

\_\_\_ STONE  
\_\_\_ POUNDS

or alternatively

\_\_\_ CMS \_\_\_ KILOS

\_\_\_ CMS \_\_\_ KILOS

Have you smoked tobacco of any kind in the past 12 months or do you intend to smoke in the future?

YES / NO

YES / NO

Tobacco consumption (all types of tobacco) per day

\_\_\_\_\_

\_\_\_\_\_

Alcohol consumption (number of units) per week

\_\_\_\_\_

\_\_\_\_\_

Unit Guide: Pint Beer - 2.0 units, Bottle beer - 1.5 units, Glass beer - 1.0 units, Measure spirits - 1.0 units, Bottle wine - 7.0 units, Glass wine - 1.0 units.

Have you ever suffered from or had treatment for

If you answer 'YES' to any question please give details

(including name of condition, dates and medication) in the section entitled "Other Medical Information" on the next page

(a) heart disorder, stroke, rheumatic fever, high blood pressure or blood disorder?

\_\_\_\_\_

\_\_\_\_\_

(b) asthma, bronchitis or another lung disorder?

\_\_\_\_\_

\_\_\_\_\_

(c) multiple sclerosis, numbness, epilepsy, blackouts, paralysis or double vision?

\_\_\_\_\_

\_\_\_\_\_

(d) kidney or bladder disorder?

\_\_\_\_\_

\_\_\_\_\_

(e) diabetes or a stomach, liver or bowel disorder?

\_\_\_\_\_

\_\_\_\_\_

(f) cancer or any other growth or tumour?

\_\_\_\_\_

\_\_\_\_\_

(g) a mental or nervous disorder?

\_\_\_\_\_

\_\_\_\_\_

(h) slipped disc, back, arthritic or muscular disorder?

\_\_\_\_\_

\_\_\_\_\_

(i) disorder of the eyes or ears (other than wearing prescribed glasses or contact lenses)?

\_\_\_\_\_

\_\_\_\_\_

(j) any other illness, injury or condition for which you have had medical advice in the last five years?

\_\_\_\_\_

\_\_\_\_\_

Have you had a surgical operation in the last five years?

\_\_\_\_\_

\_\_\_\_\_

Have you in the last five years had or been advised to have any special investigations, blood or laboratory tests?

Are you currently taking prescribed drugs, medicines, tablets or other treatment?

Have you ever taken drugs for other than medical purposes?

Have you ever tested positively for HIV or AIDS, Hepatitis B or Hepatitis C or are you waiting for the result of this kind of test? If YES, please supply details

Have you any intention or prospect of taking part in any kind of dangerous activity as a result of your hobbies and pastimes? If YES, please supply names of hobbies and details

Have you any intention or prospect of living or travelling outside the EU other than for holidays? If YES please supply names of countries, reason for visit and duration of stay.

Have you ever applied to Irish Life or any other insurer and been refused, postponed or accepted on special terms for life cover, disability or illness cover?

Have your parents or any of your brothers or sisters suffered or died from heart disease including cardiomyopathy, stroke, kidney disease, cancer, multiple sclerosis, Huntington's chorea, polyposis of the colon or other hereditary disorder before age 60?

(If you are adopted please answer NO to this question)

If your relative had cancer, please tell us which part of the body was affected first.

YES / NO

YES / NO

*CONDITION AGE WHEN IT STARTED*

*CONDITION AGE WHEN IT STARTED*

If living Father

Mother

Brothers

Sisters

If dead Father

Mother

Brothers

Sisters

Other medical information