

Applicants working at home questionnaire

Application number:

Person to be Insured:

1) Please indicate if you are:

An employee of a business in which you have no ownership interest

A self-employed person

2) How long have you worked at home?

3) (a) Employees

(i) How often do you have contact with your employer, ie daily, weekly, sporadically?

(ii) What is the nature, duration and frequency of this contact:

Employer's office – frequency (daily, weekly)

– duration

At your home – frequency (daily, weekly)

– duration

(b) Self-employed

(i) How often do you have contact with your customers, ie daily, weekly, sporadically?

(ii) What is the nature, duration and frequency of this contact:

Customer's office – frequency (daily, weekly)

– duration

At your home – frequency (daily, weekly)

– duration

4) Do you have a contract or contracts with your customer(s) or employer?

Yes

No

If 'yes', please provide details and include a copy(s) of the contracts with this questionnaire.

5) (a) Is your work completed on an 'approval basis', or is work performed only after a contract has been established?

(b) Please provide details of all work in progress or on hand.

Four empty text input boxes for providing details of work in progress or on hand.

6) Please provide details of your home office or business:

Is the office separated from the main residence, ie with its own entrance?

Yes No

Does the office have its own telephone/fax lines?

Yes No

If 'yes', please advise:

Business phone number

Empty text input box for business phone number.

Business fax number

Empty text input box for business fax number.

7) Are there any employees (excluding family members) who also work at the residence?

Yes No

If 'yes', please advise how many and their duties.

Four empty text input boxes for providing details of employees.

8) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice?

Yes No

If 'yes', please provide details.

Four empty text input boxes for providing details of sickness or injury.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in

future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the Person to be Insured

Empty text input box for signature.

Date

Empty text input box for date, with slashes for day/month/year.