

ALL CLASS INSURANCE BROKERS P/L

FACT FINDER – DISABILITY

Date:	
Advice Required:	<input type="checkbox"/> Specific <input type="checkbox"/> General
Source:	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Counter <input type="checkbox"/> Other :
Insured name:	
Registered Owner	
Trading Name / Subsidiaries:	
ABN:	
Contact Name:	
Postal Address:	
Email address:	
Website:	www.
Contact Numbers:	Business Hour: After Hour: Mobile: Fax :
Occupation/Profession:	
Experience (Business):	
Interested Parties:	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Refused a claim or required an increased premium under the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Imposed special conditions under the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Have you been convicted on any criminal offence or been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you had any claims in the past 5 Years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, 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 (Can only be provided by Life broker)**
- Benefits Payable for longer periods and non-cancellable by Insurance Company

Definition of Income – Personal Exertion Earnings, before Tax but after deductions of Business Expenses
Current Income: \$

OPTION 1: PERSONAL ACCIDENT/ILLNESS

- Income 100% 75% Other

Name	Gender	DOB	Hgt/Wgt	Weekly Illness (\$)	Death (\$)	Smoker
1.	M/F					Y/N
2.	M/F					Y/N
3.	M/F					Y/N

Period of benefit:

- 52 Weeks 104 Weeks Waiting period 7days 14 days 30 days

Any Health or accident disclosure: Yes No

Details:

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OPTION 2: INCOME PROTECTION

- YES NO - (Quote only by Accredited Consultant)

Name	Gender	DOB	Hgt/Wgt	Monthly Benefit (\$)	Payable to Age	Smoker
1.	M/F					Y/N
2.	M/F					Y/N
3.	M/F					Y/N

Other Discussions or recommendations:

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Completed by:

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Date:

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OTHER SERVICES

(Ensure that you remind the client of our other services, please note confirmation of this and that you have made any necessary referrals.)

Product	Informed Client Y/N	Passed On Referral Y/N
Finance /Leasing		
Life Insurance		
Income Protection		
Trauma		
Disability		
Key man		
Business Expenses		
Travel Insurance		
Audit Insurance		
Motor Vehicle		
Professional Indemnity Insurance		
Management Liability		
Transit		
Heavy Motor		
Construction		
Business Insurance		

Have you Made appointment for Broker to Visit Client Y/N
Is Risk Survey and Photos Required..... Y/N

GENERAL NOTES