

# APPLICATION FORM

## Mortgage, Loan, Rent & Income Protection Plan

PERSONAL DETAILS:	1st Applicant		2nd Applicant	
	Title	Male/Female	Title	Male/Female
Surname				
First Name(s)				
Date of Birth				
Address				
	Postcode		Postcode	
Telephone Number				
Email Address				
Occupation				
Occupational Status	Contract/Self-employed/Employed		Contract/Self-employed/Employed	
Nature of Business				
Employers Name & Address				
	Postcode		Postcode	
Length of time with your employer/self-employed	years	months	years	months
What is your gross monthly income?	£		£	

**COVER DETAILS:**

When did you take out your loan/rent/mortgage?  Who is your Lender/Landlord?

Is your loan, rent or mortgage... (please tick one)      New       Existing

Address of property against which the cover is being taken (if different to the one above)       Postcode

What is your monthly mortgage/rent/loan payment amount? \*\* £       What date would you like your insurance cover to start?

Do you wish to insure any additional expenses? (Please specify in appropriate box)

£ <input type="text"/>	Other Loans	<input type="text"/>
£ <input type="text"/>	Utility Bills	How would you like your monthly benefit split (percent)? <input type="text"/> / <input type="text"/>
£ <input type="text"/>	Council Tax	
£ <input type="text"/>	Insurances	
£ <input type="text"/>	<b>TOTAL MONTHLY BENEFIT</b>	
£ <input type="text"/>	<b>INSURANCE PREMIUM</b>	

**\*\*NB: The additional expenses must not exceed 100% of your monthly payment. Add your monthly payment to the total of your additional expenses to calculate your total monthly benefit. Total monthly benefit must not exceed £2,500 or 75% of your gross monthly income, whichever is lesser. Instructions for calculating the premium are listed below. Figure includes Insurance Premium Tax. Please remember to complete the direct debit mandate overleaf if opting for monthly premium.**

**DEMANDS & NEEDS STATEMENT...**

The Mortgage, Loan, Rent & Income Protection Plan meets the demands and needs of those who wish to protect their ability to meet their financial commitments when they are unable to work due to accident, sickness or involuntary unemployment.

**STATEMENT OF PRICE:**

Insurance Premium Calculation	Monthly Cover Required	<b>E.g.</b> Cover Required = Mortgage Payment £400 + Loan Payment £200 (50% of monthly payment) Total Monthly Cover Required = £600	
	Monthly Cover Required x Premium Rate	<b>E.g.</b> Cover Required = £600, Premium Rate = £5.95 per £100      £600 x 5.95% = £35.70	
	<b>INSURANCE PREMIUM</b>	<b>E.g.</b> £35.70 per month (remember to fill out the direct debit mandate)	

Agent No:

Agent Name:

**CUSTOMER DECLARATION — If the answer to any of the questions below are in shaded boxes, please supply full information on a separate sheet of paper**

	1st Applicant		2nd Applicant	
Are you now and have you been, for the past 6 months, in continuous employment, contract employment or self employed for more than 16 hours per week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you at any time during the last 12 months been registered as unemployed or changed jobs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any redundancies in your company over the last two years or are you aware of any proposed mergers, takeovers or reorganisation projects or unemployment which may affect you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own (directly or indirectly) more than 10% of the issued share capital of the Company that you are working for (if Yes, please provide details on a separate sheet)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you consulted your doctor or any other medical practitioner during the 12 months immediately prior to the start date of your application (other than for minor ailments)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any impending Disability which may affect you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for insurance cover on your life ever been postponed, declined or withdrawn, or any special terms imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I declare that I have received, read and understood the Key Facts documentation. I confirmed I have had the contents of the Key Facts documentation fully explained to me. I will inform the underwriters of any changes that occur before this insurance commences. I understand that failure to do so may void this insurance and that a claim for benefits may not be paid. To the best of my knowledge and belief all the statements made which includes anything I have said, have been recorded or attached, are true and complete. This disclosure will form the basis of the contract. I agree that a copy of the agreement given in this declaration will have the validity of the original.

**Data Protection Act 1998:** The Data Controller, in relation to any personal data you supplied, is Wessex Administration Services Ltd (part of the Wessex Group). The information you have provided will become part of the personal data held by Wessex Administration Services Ltd and will be used for the provision and administration of insurance products and services. It may be disclosed to other third party organisations for underwriting and claims handling purposes. In addition, we may seek information from other insurance companies and other third party organisations to check the answers you have provided. Where fraud is suspected, we may disclose data to other parties if they request information in writing from us. You are entitled to a copy of all the information we hold about you. Requests must be made in writing to Wessex Administration Services Ltd. A fee may be charged for this service.

Applicant 1 Signature:

Applicant 2 Signature:

**AGENT DECLARATION:**

I, the Agent of the Applicant(s), hereby declare that I have given the Applicant(s) a copy of the Initial Disclosure Document and a copy of the Key Facts Documentation and explained the contents to him/her and that the Applicant Declaration was explained to him/her before agreement was obtained from Him/Her

Signature:

Date:

**THE DIRECT DEBIT GUARANTEE (N:B A copy of this guarantee will be issued with your policy documents.)**

- This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment date change Wessex Administration Services Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Wessex Administration Services Ltd or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to Wessex Administration Services Ltd.

**Instruction to your Bank or Building Society to pay Direct Debit**



Please fill in the whole form and send it to:

Wessex Administration Services Ltd, Jewry House, Jewry Street, Winchester, SO23 8RZ

Name(s) of Account Holder(s):

Bank/Building Society Account Number:

Branch Sort Code:

Name and Full Postal Address of Your Bank or Building Society:

The Manager Bank or Building Society  
  
  
  
Postcode

Originators Identification Number

Reference Number

**For Office Use Only**

**Instruction to your Bank or Building Society**

Please pay Wessex Administration Services Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Wessex Administration Services Ltd and if so, details will be passed electronically to my Bank/Building Society

Signature(s):

Date:

Banks and Buildings Societies may not accept Direct Debit instructions for some types of account