

Pioneer Assurance

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FINANCIAL QUESTIONNAIRE - PERSONAL COVERS

1. Application number (if known) _____

Date of application _____

Life Assured _____

2. Please give details of occupation and state whether you are employed, self-employed, a shareholding director or in a partnership:

Life Assured _____

3 .Are any concurrent applications being made to other offices?

YES / NO

If YES, please give details (indicating which life if joint life):

Company	Date Effectuated	Sum insured	Reason for Cover

4. Please give details of existing policies for life, critical illness and income protection, including death in service arrangements

Company	Date effected	Policy type and term	Sum Insured	Reason for Cover

5. Please give details of the life/lives to be insured's income in tax year:

Earned income	Kshs.
Investment income(please state source)	Kshs.

For self-employed persons, state personal earnings as assessed for income tax after deduction of allowable business expenses

6. Please estimate the value of your assets and liabilities

Assets	Kshs.
Liabilities	Kshs.

7. Please give details of your dependents including their ages:

8. What is the reason for effecting this policy? (Please tick)

Family protection

Inheritance tax provision

Personal protection Private

residential loan cover Personal

investment

Other (please specify) _____

Declaration

I declare that the statements made are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this questionnaire will form part of my application for life insurance and that failure to disclose any material fact may invalidate the contract.

I agree to inform the company in writing of any change in my circumstances between the date of this application and the issue of the policy contract. I understand that cover will not commence until the first premium has been received and the policy or acceptance letter has been issued. Signature of life to be insured:

Life Assured _____ Date _____

I declare that the information supplied in this form is, to the best of my knowledge, true and complete.

Name and signature of independent third party:

_____ Date _____

Occupation _____

Address _____

e-mail address _____

Telephone number _____