PREMIER
PROPERTY
SOLUTIONS

LIFE & CRITICAL ILLNESS QUESTIONNAIRE

APPLICATION FORM - PART A

It's very important you answer every question truthfully and accurately to ensure all valid claims are paid to protect you and your dependants. If you don't, it could mean a claim may not be paid and your policy may be cancelled.

Legal & General won't always write to your doctor to confirm your answers.

Please confirm you have read the above statement ☐

Customer Details

	Applicant 1	Applicant 2 (if applicable)
Title		
Surname		
Forename(s)		
Gender		
Date of Birth		

Employment

	Applicant 1	Applicant 2 (if applicable)
Occupation		
How many business miles do you drive on average each year?	Miles	Miles

Do you work in any of the occupations or environments?

Outside at heights over 15 metres (50ft) for more than 5 hours during a typical week?	☐	☐
The armed forces or as a member of the army reserve?	☐	☐
Offshore fishing industry	☐	☐
Offshore oil or gas industry	☐	☐
As a full time barman, barmaid or landlord in a public house (Full time means working an average of 30 or more hours per week)	☐	☐
Under water	☐	☐
Underground, e.g., mining or tunnelling	☐	☐
With explosives	☐	☐
None or the above	☐	☐

Travel

	Applicant 1	Applicant 2 (if applicable)
During the last 5 years have you spent more the 90 consecutive days in the following?		
Africa	☐	☐
The Caribbean	☐	☐
Russia	☐	☐
Thailand	☐	☐
Ukraine	☐	☐
None of the above	☐	☐
During the next 2 years, do you intend to spend more than 30 consecutive days outside the UK?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, will you be staying within the following?		
European Union	☐	☐
United States	☐	☐
Canada	☐	☐
Australia	☐	☐
New Zealand	☐	☐
None of the above	☐	☐
Do you plan to leave the UK permanently?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, when do you intend to leave?		
If no, how long do you plan to be outside the UK during the next 2 years?		
Which counties or Islands outside the European Union, United States, Canada, Australia or New Zealand are you going to?		

Hazardous Activities

	Applicant 1	Applicant 2 (if applicable)
Do you regularly take part in any of the following activities or do you intend to do so within the next 6 months?		
Caving or Potholing	☐	☐
Flying (other than as a fare-paying passenger or cabin crew)	☐	☐
Hang gliding or paragliding	☐	☐
Motor car sport	☐	☐
Motorcycle sport	☐	☐

Mountaineering or Rock climbing	☐	☐
Parachuting, Sky diving or BASE jumping	☐	☐
Powerboat racing	☐	☐
Sailing other than island	☐	☐
Underwater diving	☐	☐
Any Extreme Sport, for example bungee jumping, Cannoning, white water rafting	☐	☐
None of the above	☐	☐

General Health and Lifestyle

	Applicant 1	Applicant 2 (if applicable)
What is your height? (Without shoes)		
What is your weight in st & lbs? (In indoor clothes)		
What is your Trouser/dress/skirt size? (UK sizes)		
If you're pregnant, please give your weight immediately prior to this pregnancy.		
How many cigarettes do you smoke on average each day?		

During the last 5 years have you used any of the following?

Recreational drugs other than cannabis, for example, cocaine, ecstasy, heroin	☐	☐
Methadone	☐	☐
Anabolic steroids not prescribed by a doctor	☐	☐
None of the above	☐	☐

How often do you drink alcohol?

Never	☐	☐
On special occasions only	☐	☐
Monthly or less frequently	☐	☐
Two or three times a month	☐	☐
Weekly	☐	☐

Have you ever been seen by an alcoholic specialist or attended an alcoholic support group or been told that you have liver damage?

Seen by an alcoholic specialist or attended a support group	☐	☐
Told about liver damage	☐	☐
Neither	☐	☐

Have you ever been told by a health professional that you should reduce the amount of alcohol you have because you were drinking too much?	☐ Yes ☐ No	☐ Yes ☐ No
If yes, when was this?		

Health – Ever

	Applicant 1	Applicant 2 (if applicable)
Have you ever:		
Had diabetes or a heart condition, for example angina, heart attack, heart valve problem, heart surgery?	☐ Yes ☐ No	☐ Yes ☐ No
Had a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels? Please ignore varicose veins unless there's ulceration presents.	☐ Yes ☐ No	☐ Yes ☐ No
Had cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia or a melanoma?	☐ Yes ☐ No	☐ Yes ☐ No
Had a cyst, growth or tumour in either your brain or spine?	☐ Yes ☐ No	☐ Yes ☐ No
Had any neurological condition or visual disturbance, for example epilepsy, multiple sclerosis, muscular dystrophy, cerebral palsy, motor neurone disease, Parkinson's disease, optic neuritis? Please ignore long or short sightedness that's been corrected.	☐ Yes ☐ No	☐ Yes ☐ No
Been admitted overnight to hospital or referred to a psychiatrist for mental illness, anorexia or bulimia?	☐ Yes ☐ No	☐ Yes ☐ No
Tested positive for HIV, or are you waiting for the result of an HIV test? A negative HIV test result wont by itself, have any effect on your acceptance terms of insurance.	☐ Yes ☐ No	☐ Yes ☐ No

Health – Last 5 Years

	Applicant 1	Applicant 2 (if applicable)
Apart from anything you've already told us about in this application, during the last 5 years have you seen a doctor, nurse or other health professional for?	☐ Yes ☐ No	☐ Yes ☐ No
Raised blood pressure, raised cholesterol or condition affecting blood or blood vessels, for example anaemia, excess sugar in the blood, blood clot, deep vein thrombosis?	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your kidneys or bladder, for example blood or protein in the urine, kidney or bladder stones?	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your stomach, oesophagus or bowel, for example Crohn's disease, ulcerative colitis? Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your gall bladder, liver or pancreas, for example hepatitis, fatty liver?	☐ Yes ☐ No	☐ Yes ☐ No

Any condition affecting your lungs or breathing, for example asthma, emphysema, sleep apnoea, sarcoidosis? Please ignore hay fever and one off chest infections from which you've fully recovered.	☐ Yes ☐ No	☐ Yes ☐ No
Lupus, fibromyalgia, gout or any type of arthritis, neck, back, spine or joint trouble, for example rheumatoid arthritis, sciatica?	☐ Yes ☐ No	☐ Yes ☐ No
Anxiety, depression or stress that's required treatment or counselling, or chronic fatigue syndrome?	☐ Yes ☐ No	☐ Yes ☐ No
A growth, lump, polyp or tumour of any kind?	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your thyroid?	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your ears or hearing, for example Meniere's disease, deafness? Please ignore simple earache and ear infections that have resolved leaving no continuing hearing loss.	☐ Yes ☐ No	☐ Yes ☐ No
Any condition affecting your eyes or vision, not wholly corrected by spectacles, lensesor laser treatment, for example cataract, blindness?	☐ Yes ☐ No	☐ Yes ☐ No
A mole or freckle? Please ignore birthmarks where no treatment or specialist referral has been advised.	☐ Yes ☐ No	☐ Yes ☐ No
Chest pain, palpitations or irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, tremor or facial pain other than dental pain, memory loss, dizziness or balance problems?	☐ Yes ☐ No	☐ Yes ☐ No
THIS QUESTION IS APPLICABLE FOR FEMALES ONLY:		
Any gynaecological condition for which you've not yet been discharged from follow up, or a cervical smear requiring further investigations? Please ignore routine cervical smears if the result have been normal.	☐ Yes ☐ No	☐ Yes ☐ No
ONLY ANSWER THIS QUESTION IF YOU'RE APPLYING FOR INCOME PROTECTION BENEFIT:		
Any other illness or injury or disability that's kept you off work for a continuous period of 2 weeks or more, for example stress, headaches, trapped nerve? Please ignore colds and flu from which you've fully recovered and pregnancy where no complications were present.	☐ Yes ☐ No	☐ Yes ☐ No

Health – Last 12 Months

	Applicant 1	Applicant 2 (if applicable)
Apart from anything you've already told us about in this application, during the last 12 months have you:		
Had any medical; condition, illness or injury that you've received treatment for over a continuous period of 4 weeks or more? Please ignore oral contraception pill, pregnancy and minor accidents and injuries, for example pulled or strained muscle, torn ligament, or tendon, sprained joint, provided they've not kept you off work for 2 weeks or more.	☐ Yes ☐ No	☐ Yes ☐ No

Been referred to or had any investigations in hospital, for example biopsy, scan, ECG? Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.	☐ Yes ☐ No	☐ Yes ☐ No

Health – Continued

	Applicant 1	Applicant 2 (if applicable)
Apart from anything you've already told us about in this application, do you have any medical condition or symptoms that:		
Your doctor or nurse told you to see them about during the next 3 weeks? Please ignore consultations for repeat prescriptions and pregnancy.	☐ Yes ☐ No	☐ Yes ☐ No
During the last 3 months have you had any of the following? - Unexplained bleeding, weight loss, lump or growth - Mole or freckle that's bled or changed in appearance - A cough that's lasted for 3 weeks or more - Any other symptom that you may see a health professional about for the first time during the next 4 weeks	☐ Yes ☐ No	☐ Yes ☐ No

Family History

	Applicant 1	Applicant 2 (if applicable)
Have any of your natural parents, brothers or sisters, before the age of 60, had any of the following?		
Heart attack, Angina, Stroke or Type 2 Diabetes	☐ Yes ☐ No	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	☐ Yes ☐ No
Cardiomyopathy (Primary disorder of the heart muscle)	☐ Yes ☐ No	☐ Yes ☐ No
Multiple Sclerosis	☐ Yes ☐ No	☐ Yes ☐ No
Myotonic Dystrophy	☐ Yes ☐ No	☐ Yes ☐ No
Polyposis coli (Familial adenomatous)	☐ Yes ☐ No	☐ Yes ☐ No
Polycystic Kidney Disease	☐ Yes ☐ No	☐ Yes ☐ No
Motor Neurone Disease	☐ Yes ☐ No	☐ Yes ☐ No
Motor Neurone Disease	☐ Yes ☐ No	☐ Yes ☐ No
Huntington's disease	☐ Yes ☐ No	☐ Yes ☐ No
Parkinson's disease	☐ Yes ☐ No	☐ Yes ☐ No
Alzheimer's disease	☐ Yes ☐ No	☐ Yes ☐ No
Any other condition that runs in your family and that you're receiving regular follow up or screening for	☐ Yes ☐ No	☐ Yes ☐ No

Doctors Details

Please provide your GP name and Doctors surgery below:	Applicant 1	Applicant 2 (if applicable)
Doctor's name		
Surgery name		
Address line 1		
Address line 2		
Town		
County		
Postcode		
Surgery contact number		

Thank you for taking the time to complete this document. Please return at your earliest convenience and we can move on to printing the necessary documentation to ensure you are fully projected in your home.