

Group Life Assurance Quote Specification

1 - General Information

Scheme Name	<input type="text"/>
Office Address	<input type="text"/>
	Post Code: <input type="text"/>
Nature of Business	<input type="text"/>

2 - Scheme Information

Required Benefit/Multiple of Salary	<input type="text"/>																		
Eligibility	<input type="text"/>																		
National Retirement Age	<input type="text"/>																		
Occupational Profile (% split)	<table border="1"><tr><td>A) Professional/Managerial</td><td><input type="text"/></td><td>%</td></tr><tr><td>B) Supervisory/Clerical</td><td><input type="text"/></td><td>%</td></tr><tr><td>C) Skilled Manual</td><td><input type="text"/></td><td>%</td></tr><tr><td>D) Semi-Skilled Manual</td><td><input type="text"/></td><td>%</td></tr><tr><td>E) Unskilled Manual</td><td><input type="text"/></td><td>%</td></tr><tr><td>F) Other</td><td><input type="text"/></td><td>%</td></tr></table>	A) Professional/Managerial	<input type="text"/>	%	B) Supervisory/Clerical	<input type="text"/>	%	C) Skilled Manual	<input type="text"/>	%	D) Semi-Skilled Manual	<input type="text"/>	%	E) Unskilled Manual	<input type="text"/>	%	F) Other	<input type="text"/>	%
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E) Unskilled Manual	<input type="text"/>	%																	
F) Other	<input type="text"/>	%																	
Business Travel outside the UK to include number and duration of trips per annum	<input type="text"/>																		
Commission Level (Maximum of 30%)	<input type="text"/> %																		

3 - Existing Scheme Information (If Applicable)

Current Insurer	<input type="text"/>
Annual Review Date	<input type="text"/>
Current Unit Rate and Expiry Date	<input type="text"/>
Current Free Cover Limit	£ <input type="text"/>

Please detail any members that have medical, hazardous pursuits or travel loadings. Please detail the size of the loading and the amount of benefit applied to

Scheme History

Year	Total Sum Assured	Premium	No. of Claims	Total Claims Paid Out	No. of lives in Scheme
	£	£		£	
	£	£		£	
	£	£		£	
	£	£		£	
	£	£		£	