AIA Working Supplementary Underwriting Questionnaire

Use this questionnaire if you are applying for AIA Working cover. It captures the core business information required to support underwriting and assess your application.

Please complete Section 1 for all applications, together with the section(s) relevant to the cover you are applying for. The information you provide forms part of your application.

1 Business details

1. What is the name of the business?
2. What date did the business commence trading?
3. What is the legal structure of the business? ☐ Limited liability company ☐ Partnership ☐ Sole trader ☐ Other Please specify:
4. What percentage of the business do you own?

2 Please complete this section if you are applying for Life, Critical Conditions, Severe Trauma or Total Permanent Disability

1. What is the purpose of the cover?

Share purchase / Buy-Sell	☐ Yes	☐ No	If Yes, please confirm the current value of the business	
Loan guarantee / Debt protection	☐ Yes	☐ No	If Yes, please confirm current loan balance,	
Key person protection	☐ Yes	☐ No	If Yes, please confirm the reasons you are key to the business	

3 Please complete if you are applying for Key Person Cover

1. How many employees does the business have?
2. How many generate income?
3. Do any other owners or key people currently have, or are they applying for, business cover? ☐ Yes ☐ No If Yes, please complete below:

Name	Role	Monthly sum assured

4. What are your main duties in the business?
5. What makes you a key person to this business? (select all that apply.)
   - ☐ Personally generate revenue fees or billable work
   - ☐ Hold specialist technical knowledge
   - ☐ Hold key customer client or supplier relationships
   - ☐ Hold qualifications licences or accreditations
   - ☐ Responsible for management or day-to-day operations
6. If you were unable to work for six months, could your duties be redistributed to existing staff? ☐ Yes, full ☐ Yes, partly ☐ No

3 Key Person Cover (continued)

7. How long would it take to recruit a suitably qualified replacement?

☐ Less than 1 month ☐ 1 - 3 months ☐ 3 - 6 months ☐ Over 6 months ☐ Replacement unlikely to be available

8. What measures would the business need to take to continue trading if you became disabled?

☐ Redistribute duties to existing staff
☐ Reduce business activity
☐ Existing staff would work additional hours
☐ Defer planned business growth
☐ Employ a temporary replacement
☐ Business would be unable to continue trading
☐ Engage contractors or consultants
☐ Outsource some business functions
☐ Other Please specify:

9. Most recent financial year gross profit

10. Previous financial year gross profit

11. What percentage of the gross profit is attributable to your position and duties

12. On what basis is the sum insured being calculated?

☐ Share of gross profit ☐ Fixed business expenses

13. If the sum insured is based on fixed business expenses, enter the annual amount for any fixed expenses that would continue during your disablement"

14. Seasonal Boost: nominated three-month peak season

4 Please complete this section if you are applying for Agri Key Person or Agri Key Person Plus

1. Which type(s) of farming or horticulture do you carry out?

☐ Dairy ☐ Orchard ☐ Beef ☐ Viticulture
☐ Sheep ☐ Market garden ☐ Deer ☐ Arable
☐ Mixed ☐ Other Please specify:

2. Which ownership or interest type do you have?

☐ Farm owner ☐ 50/50 sharemilker ☐ Orchard owner
☐ Lower order sharemilker ☐ Equity partner ☐ Contract milker

3. How many years experience in farming/horticulture?

4. What was the gross turnover produced by the farm or sharemilking agreement in each of the last 2 years?

Year 1 Year 2

5. Percentage of farm turnover attributable to you

6. How was this percentage calculated?

7. How many separate farms or orchards are you involved in?

8. How many hours per week do you work on each operation?

4 Agri Key Person and Agri Key Person Plus

9. Are you able to supply your last two years gross turnover produced for the farm or sharemilking agreement? ☐ Yes, documents attached ☐ No

10. Can we contact, and do you consent to, your accountant providing evidence directly to AIA? ☐ Yes, documents attached ☐ No

11. Seasonal Boost: nominated three-month peak season

12 Does your contract milking agreement include a Guaranteed Minimum Return (GMR) clause? ☐ Yes ☐ No

13. How many dependent children do you have?

14. What are their ages?

5 Please complete this section if you are applying for Startup

1. How was the business obtained? ☐ Started by you ☐ An existing business you have purchased

2. What was the date the business commenced or was acquired? ☐ Less than 6 months ☐ 6–12 months ☐ 13–24 months ☐ 25–36 months

3. What was the purchase price of the business or establishment cost?

4. Was any part of the startup or purchase funded by borrowing? ☐ No ☐ Partially ☐ Mostly ☐ Entirely

5. How many employees does the business have? ☐ None ☐ Less than 3 ☐ 3–5 ☐ 6 or more

6. How many years have you worked in this industry?

7. What was your annual earned income immediately prior to commencing the business?

8. Have you previously owned, managed or operated a business? ☐ No ☐ Less than 1 year ☐ 1–3 years ☐ More than 3 years

9. Approximately what proportion of the business revenue depends directly on you personally performing work?

10. What was the business turnover?

For business over 12 months old, when compared to 12 months ago, is the current revenue ☐ Increasing ☐ Stable ☐ Decreasing

11. What are the business average monthly fixed expenses?

12. What is your earned income less business expenses (before tax) from your business?

13. What proportion of expected revenue over the next 12 months is supported by signed contracts or committed work? ☐ Less than 25% ☐ 25–50% ☐ 51–75% ☐ More than 75%

14. If you were unable to work for 6 months, which best describes the likely impact on the business? ☐ The business would not be able to continue trading ☐ The business would continue trading but revenue would be reduced ☐ The business would continue with little or no revenue impact ☐ A replacement could be employed to maintain operations

6 Please complete this section if you are applying for Startup based on Replacement Labour

Complete only where the business could continue with replacement labour in the event of your disablement.

1. How long would it take to recruit a suitably qualified replacement?
   - ☐ Less than 1 month
   - ☐ 1–3 months
   - ☐ 3–6 months
   - ☐ More than 6 months
   - ☐ Replacement unlikely to be available
2. What would be the monthly replacement labour cost?
3. What is this cost estimate based on?
   - ☐ Current employee cost
   - ☐ Recruitment market estimate
   - ☐ Labour hire or contract rate
   - ☐ Other Please specify:
4. Is there an existing person within the business who could perform the Life Assured role in their absence?
   - ☐ Yes immediately
   - ☐ Yes with training
   - ☐ No

7 Declaration and Consent

Please read your duty of disclosure and declaration carefully and sign the bottom of the page to show your acceptance of these terms. Failure to make the following declaration truthfully may invalidate your insurance.

THE BELOW NAMED LIFE TO BE ASSURED AND POLICY OWNER(S) DECLARES AND AGREES THAT:

Disclosure:

(a) I/we have read and completed the application for insurance which is currently pending ('Application') and this supplementary application form ('Supplementary Application') which I/we acknowledge forms part of the Application.

(b) I/we understand the notice explaining my/our duty of disclosure and all the statements contained in the Application and this Supplementary Application are true and complete to the best of my/our knowledge.

(c) I/we understand that any personal information that I/we provide in this Supplementary Application will be collected, used, stored and disclosed in accordance with AIA's privacy statement (available on www.aia.co.nz/privacy). I/we consent to the use of the personal information provided in this Supplementary Application by AIA and/or any related companies, their subsidiaries, their officers, their advisers and reinsurers so that they can assess this Supplementary Application, for the processing of this Supplementary Application and administration of the Insurance and any claims, and for promotion of insurance and investment services to me/us. I/we understand that the personal information collected will be held at AIA's Head Office, 74 Taharoto Road, Takapuna. I/We understand access to and correction of my/our personal information may be requested by me/us.

(d) I/we authorise AIA to disclose all personal information relating to this Supplementary Application to my/our financial adviser for the purpose of providing me/us with advice regarding the underwriting of this Supplementary Application by AIA.

(e) I/we consent to the release of my name and basic contact details to Business Mentors for the purpose of making a claim for Business Mentors under my Business Continuity Benefit.

(f) I/we declare that the above are fair estimates of my/our current business position. The information given in this document, whether or not it's in my/our handwriting, is true and correct and I/we have not withheld any material information.

IMPORTANT NOTICE: Your Duty of Disclosure and Personal Information.

When you apply for this insurance, and whenever you apply to vary or reinstate it, you have a duty to disclose to AIA New Zealand Limited ("AIA") all information you know (or could reasonably be expected to know) that would influence the judgement of a prudent underwriter in deciding whether or not to insure you, and if so, on what terms and at what cost. I/we acknowledge that in issuing a policy related to this Supplementary Application, that AIA is relying on all disclosures made by or on behalf of me/us and any life to be assured on the Application and Supplementary Application, and that this includes any Application for a policy or policies issued by Sovereign Assurance Company Limited ("Sovereign") ("related company"), and that such disclosures were true and correct to the best of my/our knowledge at the time they were made.
If you fail to comply with your duty of disclosure, AIA may avoid this insurance from its inception, which means any claim will not be paid.

Please note, AIA may request a copy of your entire medical file from your General Practitioner and other medical providers.

IF IN DOUBT - DISCLOSE. WE TREAT ALL INFORMATION CONFIDENTIALLY.

Adviser name

Adviser signature X

Date Day / Month / Year / /