

# iA LARGE CASE SOLUTIONS

All the expertise.  
All the products.  
All our attention.

## PRE-QUALIFICATION QUESTIONNAIRE



This questionnaire is a tool to assess complex risks and complex sales concept(s) that may or may not be required for each case. Additional information may also be required to provide you with a preliminary assessment.

All information will be treated as strictly confidential.

The answers to the questions on this form will also form part of the insurance application. You must therefore answer all questions fully and to the best of your knowledge. If you are unsure whether a particular fact is relevant you should disclose it.

**When referring to Financial Statements they should include:**

- Tax returns and assessment notices
- Balance Sheet / Profit and Loss Accounts
- Cashflow Statements / Notes on the Accounts
- Auditor Reports (when available)

Financial statements for the last two years are required and should be for a period ending no longer than three years prior to the date of application.

### FILE PROCESSING

Please send this duly completed form and any other related documents (e.g., financial statements, company organization chart, etc.) to your **iA Financial Group regional sales manager by email.**

### 1. Advisor Information

Application / Policy Number:	Application Date: <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
Client First Name:	Client Last Name:								
MGA / Career Office / Administrator Contact Details :									
Name of Client Relationship Manager:									
Advisor Name:	Advisor iA Code:								
Email:	Cell:								
Did you contact our Advanced Financial Sales Team prior to submitting application? <input type="checkbox"/> No <input type="checkbox"/> Yes									
Was financial planning completed by client's advisory team (lawyer, accountant, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes									
If Yes, please forward financial plan									

### 2. Occupation Information of the Proposed Insured

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### 3. Coverage Information

#### Details of ANY other concurrent OR pending applications

COMPANY	TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE
		\$	
		\$	
		\$	
		\$	
		\$	

\*For more space, use the additional table available in the addendum at the end of this form.

Are we in competition? <input type="checkbox"/> No <input type="checkbox"/> Yes
Is it all to place? <input type="checkbox"/> No <input type="checkbox"/> Yes
What is the total amount of coverage to be in place?
Are we sharing evidence? <input type="checkbox"/> No <input type="checkbox"/> Yes

If so, who will be the lead company? \_\_\_\_\_

**Details of ALL existing In-Force policies \***

COMPANY	EFFECTIVE DATE	TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE	REPLACING
	Y Y Y Y M M D D  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Y Y Y Y M M D D  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Y Y Y Y M M D D  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Y Y Y Y M M D D  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes
	Y Y Y Y M M D D  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		\$		<input type="checkbox"/> No <input type="checkbox"/> Yes

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Have you ever been Declined or Postponed for insurance coverage?  
 No  Yes - If Yes, please provide date and reason:

**4. Business Information**

Name of Company(ies) / Partnership(s):

Established (year): Y Y Y Y M M D D  
|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Website: Trading details (if public):

Owner(s) / % of Ownership (attach organization chart if available):

Fair Market Value (FMV): Book Value (BV):

**5. Purpose of Coverage**

Personal / Income Replacement / Family Protection / Retirement Income

Key Person

Loan

Share Purchase / Partnership Protection

Estate Planning

Tax Sheltering

Estate Freeze

\*For more information, see addendum at the end of this form.

**6. Financial Concept(s)**

Intergenerational Wealth Transfer

Insured Retirement Strategy (IRS)

Immediate Financing Arrangement (IFA)

Other (provide specifics):

\*For more information, see addendum at the end of this form.

## 7. Lifestyle Information

Do you use any type of nicotine products (incl. betel nuts, paan, vaping, marijuana, cannabis, etc.)?  No  Yes

Details:

Do you consume alcohol?  No  Yes

If Yes, provide type, quantity and frequency of use:

Do you consume any type of recreational drugs?  No  Yes

If Yes, provide type, quantity and frequency of use:

Have you had more than four driving violations, a licence suspension or a DUI in the last five years?  No  Yes

If Yes, provide details

### Aviation:

Have you flown in an aircraft as a pilot or student or do you have future plans to do so?  No  Yes

If Yes, provide purpose of flights, annual hours, type of aircraft, information on any accidents:

### Travel:

Will you be travelling?  No  Yes

If Yes, provide: name of each country/city you will be travelling to, length of trip, purpose of travel, any travel outside urban centres, etc.:

### Avocation:

Do you participate in ANY hazardous sport including but NOT limited to: backcountry skiing/snowboarding/skidooring, heli-skiing, CAT skiing, scuba diving, auto racing, motorcycle racing, mountaineering, skydiving, recreational aviation activities, etc.?  No  Yes

If Yes, provide: frequency of activity, how many days per year, level of experience, location, tour operators used, safety precautions taken, equipment used, etc.:

## 8. Medical Information

Name and contact details of doctor:

Date and reason doctor last consulted:

Are you currently being treated for any condition?  No  Yes

If Yes, provide diagnosis and treatment:

Name all prescribed medications you are currently taking?

Have you ever consulted a doctor for, been diagnosed/treated for or had any symptoms of:

Heart Disease

Liver Disease

Stroke

Lung Disease

Diabetes

Kidney Disease

Cancer OR Tumours

If Yes, provide diagnosis date, treatment received and last follow up (including results):

Do you have any pending tests or consultations?  No  Yes

If Yes, provide test name and date to complete, name of doctor and contact details, etc.:

# ADDENDUM

## Coverage Information – Supplement to Section 3 (if required)

### Details of ANY other concurrent OR pending applications

COMPANY	TYPE OF COVERAGE	FACE AMOUNT	PURPOSE OF COVERAGE
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

### Details of ALL existing In-Force policies

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Y	Y	Y	Y	M	M	D	D														

### Purpose of Coverage:

- Personal / Income Replacement / Family Protection / Retirement Income
- Key Person
  - 10 x income (max.) For any amounts exceeding this maximum, you must provide additional information including:
    - Letter from the board of directors explaining the need for coverage
    - Business plan including projections of revenue/net profit with an explanation of how business would be affected on death, disablement or critical illness of key person
    - Details of company's succession plan
    - Key person CV and explanation of why they are key to operations
- Loan
  - Purpose of loan
  - Name of lender, amount of loan and terms of loan
  - Business plan or presentation to the lender (if available)
  - Copy of final loan agreement
  - If loan was used to purchase an asset, a copy of the asset valuation certificate will be required
- Share Purchase / Partnership Protection
  - Copy of Buy/Sell Agreement
  - Business valuation – Details of how the partnership has been valued
  - If a valuation certificate from an accountant or registered valuer is available, it should be included
  - Name of all shareholders and ownership percentage for each
  - How business value was calculated (include FMV)
- Estate Planning / Insurance Retirement Program (IRP)
  - Source of premiums and any additional deposits
  - Coverage amount should be based on insurance need presented