



ZURICH

electronic forms

individual

INTRODUCTION



company

HELP

EXIT



Electronic forms

- We have created a system for sending out forms electronically via E-mail, web or on disc to companies.
- The electronic forms can be printed out locally via laser printers in the quantity required as and when needed. Personal data can be added to each form on-screen before printing them out.
- This process will save costs on paper, printing, warehousing and distribution. Important forms can be printed on sheets pre-printed with the company logo.
- The forms can also be designed to collect the data from each reply and connect this to a database for analysis and market research.
- This idea could also be used for distributing catalogues, manuals, leaflets, brochures etc.

HOW TO USE

EXIT



How to use this demo

To select an electronic form

- From the **MAIN MENU** *click* on the button labelled **individual** this will take you to the **Individual forms menu**
- *Click* on the page number **1** next to the form ‘Financial Information Partnership Insurance’ (In this demonstration only this form is active)
- *Click* form to enlarge, *click* again for rest of form, and again to reduce
- To return to the **Individual forms menu**
Click on the red circle **●** at the bottom of the form

To type onto the forms

- *Click* on text box on page **1** of active form and type in data

To Print

- *Click* on the file menu and *select* **Print**

INTRO

MAIN MENU

EXIT

MAIN MENU



ZURICH

insurance
products



individual

- Application Forms
- Medical Forms
- Claims

company

- Application Forms
- Medical Forms
- Claims

eurolife

- Application Forms
- Medical Forms
- Claims

HELP

EXIT

Application Forms

	Page		Page
Financial Information Partnership Insurance	1 2 3	Financial Questionnaire Keyman/Business	1 2
At Work Certificate	1 2	Group Health Insurance Application	1 2 3 4
Application for International Benefit Plan	1 2 3 4	Individual Application of Life Insurance	1 2

MAIN MENU

HELP

EXIT

- Select form required
- Click on page number
- Click form to enlarge
- Click again to reduce

Financial information

Partnership insurance

Please print clearly



Person to be insured (partner) and partnership

Please answer all questions Give details

1. Last name (including maiden name for women)	<input type="text"/>		
2. First name?	<input type="text"/>		
3. Name of policyholder	<input type="text"/>		
4. How many partners are there?	<input type="text"/>		
5. How many employees are there?	<input type="text"/>		
6. What type of business is conducted by the partnership?	<input type="text"/>		
7. How long has the partnership been in existence?	<input type="text"/>		
8. What does the person to be insured do within the partnership	<input type="text"/>		
9. What has been the profit/loss and turnover of the partnership of the partnership in each of the last three years?	Profit/Loss <input type="text"/>	<input type="text"/>	<input type="text"/>
	Turnover <input type="text"/>	<input type="text"/>	<input type="text"/>
10. What has been the salary and the share of profits of the person to be insured in each of the last three years?	Profit/Loss <input type="text"/>	<input type="text"/>	<input type="text"/>
	Salary <input type="text"/>	<input type="text"/>	<input type="text"/>
11. What is the current book value of the partnership and how did it develop during the preceding two years?	Current book value <input type="text"/>	Development <input type="text"/>	<input type="text"/>
12. What do the partners feel that the partnership is now worth, including goodwill etc.?	<input type="text"/>		
13. What percentage of the partnership does the person to be insured own?	<input type="text"/>		
14. Is there a buy/sell agreement in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, is one to be made in the near future? Include the planned date <input type="text"/>



General information on person to be insured (partner) and partnership (continued)

Please answer all questions Give details

15 Are the policies to be effected on the lives of all other partners Yes No

If not, is one to be executed in the near future?

16. Why has the sum insured been chosen?

17. Existing insurance policies on the person to be insured with other insurance companies

Name of company	Benefits in the event of death	Benefits in the event of disability (note if annuity or lump sum)	Year policy started	Year policy expires
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Is a loan involved?

a) What is the amount? Yes No If yes, answer the questions below (a - h)

b) What is the repayment method?

c) How long is the repayment period?

d) What is the purpose of the loan?

e) Who is the lender?

f) What interest rate is being charged?

g) Why is the policy being effected on this particular person to be insured and not one of the other Keymen?

h) What other collateral is pledged?

* Financial information must be substantiated upon request e.g. by a tax statement, business report, impartial report or any similar document. When possible, the documents should be attached to this form.



Confirmation from person to be insured

The undersigned declares herewith that the above statements are complete and true. In addition the undersigned takes notice of the fact that Zurich Life may rescind the insurance contract and thereby release itself from its liabilities in case of omissions or incorrect declarations (Art. 6 of Federal Law governing insurance contracts).

The undersigned authorizes Zurich Life to process data obtained from the application records or from processing the insurance contract. Zurich Life may provide such data for processing to entities belonging to the Zurich Group and to the extent necessary to third parties involved in this contract whether in Switzerland or abroad, such as co-insurers and re-insurers. The undersigned has, according to law, the right to request information concerning the use of his/her respective personal data. This consent to the processing of data may be revoked at any time.

Place Date (day/month/year) Signature of person to be insured

Confirmation from policyholder or legal representative of the policyholder

The undersigned declares herewith that the above statements are complete and true. In addition the undersigned takes notice of the fact that Zurich Life may rescind the insurance contract and thereby release itself from its liabilities in case of omissions or incorrect declarations (Art. 6 of Federal Law governing insurance contracts).

Place Date (day/month/year) Signature of policyholder or legal representative

Confirmation from company (partnership) representative

The undersigned declares herewith that the above statements are complete and true to the best of his / her knowledge and have been answered in good faith.

Place Date (day/month/year) Signature of company (partnership) representative

Name of person signing as company representative Position of person signing as company representative

Confirmation from agent

The undersigned declares herewith that the above statements are complete and true to the best of his / her knowledge and have been answered in good faith.

Place Date (day/month/year) Signature of agent

Name of agent General agency number

NB. A separate questionnaire needs to be completed for each partner being insured.





ZURICH

This section of the demo is not active
please return to the menu.

MENU

EXIT



ZURICH

This section of the demo is not active
please return to the menu.

MENU

EXIT

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