

# Insurance Application Template

## 1. Personal Information

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Nationality:** \_\_\_\_\_
- **Visa Type/Residency Status:** \_\_\_\_\_
- **Contact Information:**
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Residential Address:** \_\_\_\_\_

## 2. Insurance Needs Assessment

- **Type of Insurance Required:**
  - Health Insurance
  - Car Insurance
  - Home Insurance
  - Contents Insurance
  - Income Protection Insurance
  - Life Insurance
  - Other: \_\_\_\_\_
- **Specific Requirements:**
  - **Health Insurance:**
    - Coverage for pre-existing conditions? [ ] Yes [ ] No
    - Hospital cover? [ ] Yes [ ] No
    - Extras cover? (e.g., dental, optical) [ ] Yes [ ] No
  - **Car Insurance:**
    - Comprehensive coverage? [ ] Yes [ ] No
    - Third-party property damage? [ ] Yes [ ] No
  - **Home Insurance:**
    - Building cover? [ ] Yes [ ] No
    - Contents cover? [ ] Yes [ ] No
  - **Additional Notes:** \_\_\_\_\_

## 3. Research & Provider Comparison

Provider Name	Policy	Coverage Limits	Premiums	Exclusions	Additional Benefits/Discounts
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**4. Eligibility Check**

- **Eligibility Criteria:**
  - Proof of Residency (Visa type, residential address)
  - Proof of Identity (Passport, driver's license)
  - Proof of Income (If applying for Income Protection or Life Insurance)
  - Vehicle Registration (For Car Insurance)
  - Medical History (For Health Insurance)
- **Waiting Periods:**
  - Does the policy have a waiting period? [ ] Yes [ ] No
  - If yes, specify: \_\_\_\_\_
- **Pre-existing Conditions:**
  - Are pre-existing conditions covered? [ ] Yes [ ] No
  - Additional Notes: \_\_\_\_\_

**5. Application Process**

- **Chosen Provider:** \_\_\_\_\_
- **Chosen Policy Name:** \_\_\_\_\_
- **Application Method:**
  - Online
  - In-Person
  - Phone Support
- **Documents Submitted:**
  - Proof of Residency
  - Proof of Identity
  - Proof of Income

- Vehicle Registration
- Medical History
- Other: \_\_\_\_\_

## 6. Policy Review

- **Date Policy Received:** \_\_\_\_\_
- **Review Checklist:**
  - Coverage Limits
  - Exclusions
  - Premiums
  - Policy Terms & Conditions
  - Additional Benefits
  - Contacted Insurer for Clarifications (if needed)
  - Policy Amendments (if needed)
- **Policy Renewal Date:** \_\_\_\_\_
- **Important Deadlines/Reminders:**
  - \_\_\_\_\_
  - \_\_\_\_\_

## 7. Notes & Additional Information

- **Notes:**
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- **Contact Information for Insurance Provider:**
  - **Name:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Customer Service Hours:** \_\_\_\_\_