

Ulcer Questionnaire – Confidential

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

We understand that you suffer from an ulcer and we would appreciate your answers to the following questions.

1. What is the name of the form of ulcer from which you suffer?

2. Where is the site of the ulcer?

3. For how long have you suffered from this condition?

4. Are you currently receiving any form of treatment? Yes No If Yes, please provide details below.

5. Please describe any current symptoms.

6. Are you expecting to attend for any further treatment or investigation? Yes No If Yes, please provide details below.

7. Did the ulcer arise as a result of any underlying illness? Yes No If Yes, please provide details below.

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)