

QUESTIONNAIRE · SELF-EMPLOYED INCOME PROTECTION

Income protection questionnaire (self-employed)

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. No medical questions: if the insurer has any, it asks you itself, in confidence.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr First name : Last name :

Date of birth : Marital status : ☐ Single ☐ Married / civil partnership ☐ Living with partner
☐ Divorced ☐ Widowed

Address : Postcode : Town :

Phone : Email :

Occupation : Status : ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. YOUR BUSINESS

Your status and trade, as insurers classify them.

Your status : ☐ Craftsman / trader ☐ Liberal profession ☐ Majority manager (self-employed)
☐ Director treated as employee ☐ Micro-entrepreneur

Exact occupation : Business started :

Compulsory scheme : ☐ SSI (formerly RSI) ☐ CIPAV / professional fund ☐ General scheme
☐ Other fund (CARME, CARPIMKO...) ☐ I don't know

Share of manual work : ☐ None (office) ☐ Under 50% ☐ Over 50% Over 20,000 km a year for work : ☐ No ☐ Yes

Business postcode : Business based in France : ☐ Yes ☐ No Number of employees :
☐ Moving in progress

3. INCOME AND EXPENSES

What must keep coming in if you cannot work.

Net annual income : € Fixed business overheads : € / month

Dependants : Monthly loan repayments : € / month

4. YOUR CURRENT POLICIES

What already covers you, so you do not pay twice.

Existing income protection policy : ☐ None ☐ Yes, to review ☐ Yes, recent

Current insurer : Current premium : € / month

Current cover : ☐ Daily benefits ☐ Disability ☐ Death ☐ Overheads ☐ I don't know

Madelin contract : ☐ Yes ☐ No ☐ I don't know

5. YOUR NEEDS

Cover wanted : ☐ Daily benefits (time off work) ☐ Disability (pension) ☐ Death benefit
☐ Education or spouse pension ☐ Overheads ☐ Advise me

Target daily benefit : € / day

Waiting period wanted : ☐ 7 days ☐ 15 days ☐ 30 days ☐ 90 days ☐ Advise me

Tax framework : ☐ Madelin (tax-deductible) ☐ Outside Madelin
☐ Advise me

Payment : ☐ Monthly ☐ Quarterly
☐ Annual

Start date wanted : ☐ As soon as possible ☐ Within a month
☐ At my current renewal ☐ Later

Target budget : € / month

Details, constraints or questions :

6. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Latest tax notice or accounts ☐ Fund membership certificate ☐ Terms of the current policy
☐ Kbis extract or registration ☐ Bank details (IBAN)

No medical information is requested here. The health questionnaire, if required, is sent to you directly by the insurer and stays confidential.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: Date:

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference