

Mortgage Payment Protection Insurance - Consumer Questionnaire



To ensure our investigation into your complaint is completed as quickly as possible, we would be grateful if you could complete this questionnaire and return it to us. The information you provide will help establish your circumstances at the time the policy was arranged and therefore aid our investigation. If you do not wish to provide certain information which we have requested, please simply leave the relevant section(s) blank.

If there is not enough room on the questionnaire to include all the details that we have asked for, or if you have any other relevant information, please continue on the separate sheet at the end of the questionnaire, or on any additional sheets of your own.

Section A: about you

1. Please give us your name and contact details:

Your name and contact details:

and anyone complaining with you:

Title _____ Surname _____

Title _____ Surname _____

First name(s) _____

First name(s) _____

Address (including postcode) _____

Address (including postcode) _____

_____ Postcode _____

_____ Postcode _____

Daytime phone _____

Daytime phone _____

Home phone _____

Home phone _____

Mobile phone _____

Mobile phone _____

2. What is the policy number of the mortgage payment protection insurance you are complaining about?

3. Mortgage Account Number (if known): _____

4. Address of mortgaged property (if different from address given above): _____

Section B: about the sale of the insurance

1. When did you take out this mortgage payment protection insurance?

Day _____ Month _____ Year _____ Can't remember

2. Did the mortgage payment protection insurance provide either single cover (just for you) or joint cover with your partner?

Single Joint

Section B: about the sale of the insurance (continued)

3. How was this insurance sold to you?

- During a meeting During a phone conversation Given a form to fill in
Over the internet By post Can't remember

4. Did we give you advice or recommend you take the policy? Yes No Can't remember

5. What is the current situation with the insurance? Still running Cancelled

6. Have you made a claim under the policy? No Yes (Please give details): _____

Section C: about your personal circumstances

1. At the time you took out the insurance, what was your employment status?

- | | |
|---|---|
| You | Your Partner |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Not working/unpaid work | <input type="checkbox"/> Not working/unpaid work |
| <input type="checkbox"/> A director of your own company | <input type="checkbox"/> A director of your own company |
| <input type="checkbox"/> Agency/temporary worker | <input type="checkbox"/> Agency/temporary worker |
| <input type="checkbox"/> Working fewer than 16 hours a week | <input type="checkbox"/> Working fewer than 16 hours a week |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student in full or part time education | <input type="checkbox"/> Student in full or part time education |

2. Has your employment status changed since you took the insurance?

(for example were you self employed but now employed) No Yes (Please give details): _____

3. If you were employed when you took the insurance would you have received any pay from your employer in the event of an accident, sickness or redundancy?

- You
- Yes (Please give details): _____
No Can't remember
- Your Partner
- Yes (Please give details): _____
No Can't remember

4. Did you have any other means of making your repayments if you were unable to work through sickness, accident or unemployment? – for example, saving, other insurance policies?

- You
- No Yes (Please give details): _____
- Your Partner
- No Yes (Please give details): _____

5. At the time the policy was arranged did you or your partner have any health problems or were either of you registered disabled?

You

No Yes (Please give details): _____

Your Partner

No Yes (Please give details): _____

Section D: about your complaint

Please tell us anything else you recall from the sale of the policy

Please tell us why you are now unhappy with the insurance

Section E: your declaration

I confirm that all the information I have given in this questionnaire is true and accurate to the best of my knowledge

You

Signature _____ Date _____

Your Partner

Signature _____ Date _____

You need to sign, even if someone else is complaining on your behalf and return the form to:

Customer Relations at Skipton Building Society, The Bailey, Skipton, North Yorkshire, BD23 1DN

If you are happy for us to contact you by telephone in relation to this complaint only please confirm your telephone number(s):