

Underwriting Questionnaire

Financial Supplement for Personal Insurance



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Owner _____ Beneficiary _____

Purpose of insurance _____

Assets

Cash (checking, savings, CDs) \$ _____

Accounts, loans, and notes receivable \$ _____

US Government and marketable securities \$ _____

Real estate (market value) \$ _____

Personal property (auto, furniture, etc.) \$ _____

Other assets (describe below) \$ _____

TOTAL ASSETS \$ _____

Liabilities

Accounts and notes payable \$ _____

Real estate mortgages or liens \$ _____

Other liabilities (describe below) \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

Description of other assets _____

Description of other liabilities _____

	Last Completed Tax Year ()	Prior Tax Year ()
Annual salary	\$ _____	\$ _____
Bonus and commissions	\$ _____	\$ _____
Dividends and interest	\$ _____	\$ _____
Pension/annuity	\$ _____	\$ _____
Real estate income	\$ _____	\$ _____
Other income (describe below)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Description of other income including source _____



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