

Financial Questionnaire

First Name : _____ Last Name : _____
 Policy Number : _____ Date of Birth : _____

Section A – General

1. Do you have any insurance in force or pending with any other company? If yes, please complete the following chart: Yes No

Issue date/pending	Life	Accidental Death	Disability	Personal	Business	Intent to replace
	\$ _____	\$ _____	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____	\$ _____	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____	\$ _____	\$ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. What is the purpose of this insurance? Personal insurance Business Insurance Please specify reason below:
 Estate Preservation Creditor Income replacement Share Buyback Key Person Buy-Sell Loan \$ _____
 Other (specify): _____

3. Have you ever declared personal or business bankruptcy? Yes No
 If yes: Personal Business Year: _____ Amount: \$ _____ Have you been discharged? Yes No

4. Annual income (salary, bonus, commissions, etc.): \$ _____

5. Other income? Yes No
 If yes, specify the amount: \$ _____ and the source: _____

Section B – If applying for Personal insurance

1. Total assets (real estate, equity capital, investments, liquid assets): \$ _____

2. Total liabilities (mortgages, loans, etc.): \$ _____

3. Net worth : \$ _____

4. Additional comments: _____

Section C – If applying for Business insurance

1. Type of business: Sole Ownership Partnership Corporation In operation since (year): _____

2. Percentage of business owned: _____ % Are the other partners, shareholders or chief executive officer insured? Yes No N/A
 If yes, complete the following chart: If no, specify: _____

Name	Title	Amount of insurance in force	Amount of insurance applied for	% of ownership

3. a) Present net value of business: \$ _____

b) Present fair market value of business: \$ _____

c) Net annual income for last two (3) years: 20 _____ \$ _____ 20 _____ \$ _____ 20 _____ \$ _____

d) Business's service or product: _____

4. Additional comments: _____

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of the person to be insured (parent or legal guardian if a minor) _____ Date _____