

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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