



LARGE AMOUNT QUESTIONNAIRE

Name of Proposed Insured:	Policy No.
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Please **PRINT** all answers. (Questions refer to the Proposed Owner, except for Q #1 & #2, if the Proposed Insured is a minor.)

Part 1: FINANCIAL STATUS

1. PURPOSE OF INSURANCE

- Family Protection
- Protection for Estate Duties
- Protection for Mortgage Loan (Loan Repayment)
- For Education Fund
- Others (Please give details) _____

2. **EXISTING COVER.** Please give details of current life insurance in force (with Pru Life or other companies) or pending application on Proposed insured (P.I.) and family members.

Insurance Company	Name of Insured	Policy Number	Amount of Coverage	Date Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. OCCUPATION

a. For employed persons

Position/ title: _____
Number of Years in Service _____
Exact Duties _____

b. For businessmen or business owners

i. Details of Business Interest

Name of Company: _____
Nature of Business _____
Percentage of Ownership in the Co.: _____
Number of Employees in the Co. : _____
Duration of business operation _____
Main Duties in the Co. : _____

Authorized Capital _____ Paid-up Capital _____
Total Asset _____ Total Liabilities _____

ii. *Business Turnover* Yr _____ Yr _____ Yr _____
 Gross Profit _____
 Net Profit _____

c. For **self-employed professionals**

Profession : _____
 Exact Date : _____
 Describe Professional/ Business Activities (include business trips or out of town or country), type of clientele, etc. : _____

4. INCOME DETAILS

Income of last 3 years Yr _____ Yr _____ Yr _____
 (including all commissions
 and bonuses) _____

Passive Income in the past 12 months:

Property Rental Income : _____ Dividend from Shares: _____
 Interest from Bank Deposit : _____ Others: (please specify): _____

5. ASSETS

Residence (if owned)

Date of Purchase: _____ Purchase Price : _____
 Outstanding Mortgage: _____ Current Value : _____

Other Properties Owned (if more than three properties, please use separate paper)

	Property A	Property B	Property C
Address :	_____	_____	_____
	_____	_____	_____
Date of Purchase	_____	_____	_____
Purchase Price	_____	_____	_____
No. of cars owned	_____	_____	_____
Model & Make	(1) _____	(2) _____	(3) _____

Bank Deposit
 (savings, T-bills,
 time deposit,
 other currencies,
 etc.)

Bank Name /	(1) _____	(2) _____	(3) _____
Location	_____	_____	_____

Shares of Stock _____

6. LIABILITIES

Mortgage(s): _____ Overdraft _____
Personal Loans: _____ Others: _____

7. SOURCE/S OF INFORMATION

P.I.'s declaration Income Tax Return Financial Statement
 Others (please specify) _____

DECLARATION

*I declare that the above information are based on my personal knowledge of the **PROPOSED INSURED** and on information I personally obtained.*

Signed at _____ this _____ day of _____, 20_____.

*Agent's Name and Signature
Code No.*

CONFORME:

Signature of Proposed Insured

Part 2 : PERSONAL BACKGROUND AND LIFESTYLE

1. What is the Proposed Insured's educational background? Please indicate highest educational attainment, school and the year attended. _____

2. In which schools are the children of the Proposed Insured studying? _____

3. Is the Proposed Insured a member of any exclusive club, professional or socio-civic organization (e.g. Rotary Club, Kiwanis, Lion's Club, etc)? If yes, give details. _____

4. Enumerate the sports/hobbies that the Proposed Insured actively participate in, if applicable. _____

5. Does the Proposed Insured's family take regular vacations here or abroad? Please specify frequency and the places/ country they visit. _____

6. Have you visited the office or business premises of the Proposed Insured? If so, please describe the office/ building in terms of the lot area, building level, level of advancement of the equipment/ facilities, etc. _____

7. Does the Proposed Insured have any common-law spouse or engage in any extramarital activities? If yes, explain fully (i.e. duration of relationship, number of children resulting problems, etc. _____

8. Give other information about the circumstances and lifestyle of the Proposed Insured which reflects his present financial capability and stature in the community. (**A separate sheet may be attached for additional answers**). _____

DECLARATION

*I declare that the above information are based on my personal knowledge and on information that I personally obtained from the **PROPOSED INSURED** whose signature of authorization appears below.*

Signed at _____ this _____ day of _____, 20_____.

Agent's Name and Signature
Code No.