



## 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 )

	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
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 / Location	(1) _____	(2) _____	(3) _____
	_____	_____	_____
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 \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
*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 \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
*Agent's Name and Signature*  
Code No.