

LARGE AMOUNT QUESTIONNAIRE

(To be completed by the applicant)

PART I

1. PURPOSE OF INSURANCE

- | | |
|---|---|
| <input type="checkbox"/> Family Protection | <input type="checkbox"/> Keyman Insurance Protection |
| <input type="checkbox"/> Estate Duties Protection | <input type="checkbox"/> Loan Repayment/Mortgage Protection |
| <input type="checkbox"/> Others (if give details) | |

2. Please give details of any existing insurance including Life, Accident or Dread Disease covers in force with our company or other life insurance companies; or any concurrent application on Proposed Insured/Insured, family members and family associates* (* For business insurance only)

Policy Issue Date	Insurance Company	Name of Insured	Type of coverage	Amount of coverage (in US\$)

3. INCOME DETAILS (in US\$)

Income of Last 3 Years	Year _____	Year _____	Year _____
(including all commission/bonuses):	_____	_____	_____
Unearned Income in the Past 12 months:	_____	_____	_____
Property Rental Income:	_____	_____	_____
Interest from Bank Deposit:	_____	_____	_____

4. ASSETS

Residence (if owned)			
Date of Purchase:	_____	Purchase Price:	_____
Outstanding Mortgage:	_____	Current Value:	_____
Other Properties Owned			
Address 1:	_____		

Date of Purchase:	_____	Purchase Price:	_____
Address 2:	_____		

Date of Purchase:	_____	Purchase Price:	_____
No of Car(s) Owned:	_____	Model of the Car(s):	_____
Fixed Deposits:	_____	Shares:	_____
Other Assets	_____		_____
Details:	_____	Value:	_____

5. FAMILY LIFE STYLE

No. of Dependents:	_____	Age and Relationship:	_____
No. of Maid/Driver:	_____		_____
Residential Property (if rented)			
Monthly Rental:	_____	Paid by:	_____

6. LIABILITIES

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

7. OCCUPATION

Name of the Company:	_____
Nature of Business:	_____

Commencement Date of the Business: _____
 Insured's Percentage of Ownership of the Co: _____
 Position Held and for How Long: _____
 No. of Employees in the Company: _____
 Authorized Capital: _____ Paid-up Capital: _____
 Total Asset: _____ Total Liabilities: _____
 Year _____ Year _____ Year _____
 Business Turnover: _____
 Gross Profit: _____
 Net Profit: _____
 Details of Other Businesses Owned
 Name: _____
 Turnover: _____ (this year) _____ (last year)
 Net Profit: _____
 Name: _____
 Turnover: _____ (this year) _____ (last year)
 Net Profit: _____

PART II

1. FOR KEYMAN INSURANCE

Please give reasons why the Proposed Insured/ Insured is considered to be so valuable to the company.

Please specify how the sum assured was calculated.

How many other executives are there at this or a higher level?

Are or will other key employees have cover effected on their lives? If "yes", please give details.

Total value of the Proposed Insured's/ Insured's current remuneration (Please submit income tax return for reference).

2. FOR PARTNERSHIP INSURANCE

What liabilities arise on the death of the Proposed Insured/Insured?

Are policies effected on all shareholders/ partners? If "yes", please give details.

What is the current valuation on the shares/ partnership? (Please submit Buy & Sell Agreement and current official valuation report for reference).

3. FOR LOAN PROTECTION (Please submit Loan Agreement for reference)

Purpose of Loan: Business Loan Personal Loan Mortgage Loan

Name of Lender: _____ Name of Borrower: _____

Loan Amount: _____ Repayment Period: _____

Commencement Date of the Loan: _____

DECLARATION

I/We hereby declare that to the best of my/our knowledge, the foregoing statements are true and complete and such disclosures will form part of the basis of this Contract.

Signature of Proposed Insured/Insured: _____ Date (day/month/year): _____

Signature of Applicant/Owner: _____ Date (day/month/year): _____