

Insurance Review Questionnaire

Name: _____ Date: _____

Are you at risk?

Having adequate and appropriate insurance is likely to be a vital component in your financial plan. Insurance is the safety net to protect you against events not going as you would like.

The types of insurance covered by this questionnaire * are as follows -

- Life insurance
- Income Protection and Business Expenses insurance
- Trauma Cover (sometimes known as Critical Illness Insurance)

** There may be other insurances, such as health insurance, professional indemnity, workers' compensation etc that may also need to be reviewed. These are not covered by this questionnaire.*

Set out below are some brief questions which we would like you to respond to.

Big Picture - Please Tick Your Response(s)

- I'm not interested in exploring this further
- I'm happy with my current arrangements
- Nothing much has changed since I last completed this checklist
- It's time to have this looked at by an independent specialist. Please contact me.

Aspects to Consider

(You may not need to complete the remainder of this questionnaire, depending upon your answer to the previous section.)

During the last financial year, have there been any significant changes to your situation that may mean that you are under insured? Yes/No

Examples include -

- *Taking on more debt*
- *An increase in your business expenditure (new employees, more leases etc)*
- *More personal expenditure (e.g. school fees)*
- *Change in the legal structure of your business (e.g. taking on a Partner)*
- *Another child*

Do you have an up-to-date Will that adequately reflects your wishes? Yes/No

Would you be interested in ascertaining whether there are better, cheaper and/or more suitable insurance policies available? Yes/No

The Specifics

Life Insurance

Amount of cover you currently have \$ _____ Don't know

Type of cover (tick)

- Death only
- Death & Total Disability
- Don't know

Arranged as a superannuation payment? Yes No Don't know

Organised as

- Term Cover
- Whole of Life
- Don't know

Name of the Company you are insured with _____ Don't know

Income Insurance

Do you have income insurance? Yes No Don't know

Level of income for which insured? \$ _____ Don't know

Period for which insured (e.g. to Age 65)? _____ Don't know

Name of the Company you are insured with? _____ Don't know

Business Expenses Insurance

Do you have income insurance? Yes No Don't know

Level of income for which insured? \$ _____ Don't know

Period for which insured (e.g. 6 months)? _____ Don't know

Name of the Company you are insured with? _____ Don't know

Trauma Insurance

Do you have it? Yes No Don't know

Amount of cover \$ _____

Name of the Company you are insured with? _____ Don't know

What to do now

Upon completion, post this back to us. Alternatively, you can fax it back to us. Thanks for taking the time to respond.