



Insurance Need Analysis of Mr. _____ Proposal No. _____

Basic Information

Name	
Address	
Telephone (Landline/Mobile)	
E-Mail ID	
Date of Birth	
Marital Status	
State of Health	Excellent/VeryGood/Good/Moderate/Poor
Smoker	Yes/No

Family Details

Number of Dependents	Family Details				
	1	2	3	4	5
Details of Dependents					
Name					
Relationship					
Age					
State of Health Excellent/VeryGood/Good/Moderate/ Poor					
Occupation					
Income if any					
Whether financially dependent					
Any scope of expansion of family	Yes/No				

Employment Details

Occupation	
Length of service	
Annual Income	
Covered under pension Scheme?	
Normal retirement age	

Financial Details

Value of Savings and Assets	
Details of Liabilities/Outstanding Loan	
Expected Inheritance	

Pension Details

Employer's Scheme/Insurance	
Personal Contribution/Premium	
Retirement Age	
Anticipated Value	

Future Saving Needs

For Education for Children	
For Wedding	
For House Purchase	
Others	

Existing Life Assurance Plans

Company	Policy No.	Sum Assured	Premium	Start Date	Maturity Date	Purpose

Financial Priorities and Objectives

What is more important for you? (Please number in order of Priority)

Financial Security for family in the event of death	
Financial Security in the event of critical illness	
Providing Retirement Income	
Planning for your children's education	
Planning for your children's wedding	
Building capital through regular saving	
Investing existing capital for better return	

Identified Insurance Needs

Life Insurance (Death/Maturity)	
Desirable Sum Assured	
Health Insurance	
Desirable Limit of coverage per annum	
Savings and investment Planning	
Desirable returns per annum	
Pension Planning	
Desirable pension Per annum	

Any Additional Information

Recommendation	
Life stage	Childhood/Young unmarried/Young married/Young married with children/married with older children/post-family or pre-retirement/retirement
Protection needs	Life & Health/Savings and Investment/Pension
Appetite for Risk	Low/Medium/High
Policy recommended, including name of insurer	
Commitment for the current/future years	
Whether all risk elements and details of charges to be incurred and all other obligations have been explained	
Why you think this policy is most suited prospect	

Agent's Certification:

I /We hereby certify that I/We believe that the product/s recommended me/us above is suitable for the prospect, based on the information submitted by him/her, as recorded above.

Dated:

(Name and Signature of Agent)

Prospect's Acknowledgement:

The above recommendation is based on the information provided by me. I have been explained about the features of the product and believe it would be suitable for me based on my insurance needs and financial objectives.

Dated:

(Signature of Prospect)