

InsuranceProfiler™ - Client Details

Personal Details

Person 1

First Name Last Name
 Date of Birth / / Smoker No Yes Gender Male Female
 Occupation Employed SelfEmployed
 Full-time Part-time Non-earner
 Gross Income \$ P/y P/m P/w
 Mortgage Repayments \$ P/y P/m P/f
 Mortgage Debt \$
 Total Other Debts \$

First Name Last Name
 Date of Birth / / Smoker No Yes Gender Male Female
 Occupation Employed SelfEmployed
 Full-time Part-time Non-earner
 Gross Income \$ P/y P/m P/w
 Mortgage Repayments \$ P/y P/m P/f
 Mortgage Debt \$
 Total Other Debts \$

Child 1

First Name
 Last Name
 Gender Male Female Age

Child 2

First Name
 Last Name
 Gender Male Female Age

Child 1

First Name
 Last Name
 Gender Male Female Age

Child 2

First Name
 Last Name
 Gender Male Female Age

Existing Insurance

Do you have any current health, income protection, trauma, disability, or life insurance in place? If so, please outline below

Person 1

| Type of Cover | Details |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

Person 2

| Type of Cover | Details |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

Health Details

Are there any ongoing or past health issues which might affect your insurance?

Person 1

Approx Height Approx Weight
 Notes

Person 2

Approx Height Approx Weight
 Notes