

Housewife Questionnaire

Name of the Life to be Insured:	
Application Number:	

1. Personal details of the Life to be Insured

A) Education Qualification:

Undergraduate (Specify exact standard passed, Diploma or other course details): _____

Graduate (E.g.: B. Com., B.Sc., B. Ed., L.L.B., BBA, B. Pharm, B. Arch., etc.): _____

Postgraduate (E.g.: MD – Medicine, LLM, M.A., M.Sc., etc.): _____

Professional Qualification (if any) (E.g.: Doctor / Architect / Chartered Accountant / Lawyer / Pharmacist / Engineer etc.): _____

Others (Please specify in detail): _____

B) Prior work experience (if any) – Provide details:

Occupation: _____

Name of Organisation / Name of Business: _____

Designation: _____

Exact Nature of Duties (for Salaried) / Exact nature of Business (for Self Employed): _____

Annual Income / Annual Business Profit: _____

Month and Year of Last Employment / of leaving business: _____

Reason for leaving employment / closing business: _____

C) What is the purpose of Insurance? (Please tick the correct purpose)

- Savings & Investment for future needs
- Savings & Investment for Children's education
- Savings & Investment for Children's marriage
- Savings & Investment for Retirement
- Others (Please give details) _____

D) Existing Insurance / Applied Insurance details of the Proposer Insured

Type of Cover ¹	Name of Company	Sum Assured	Month & Year ²	Policy Decision ³	Current Status ⁴

1 = Life / Health / Critical Illness / Accident Benefit / Pension / Annuity

2 = Specify Month and Year of Policy Issue / Rejected / Decline / Pending

3 = Accepted at Standard Rate, accepted with extra premium or exclusion, decline or rejected by company, not taken up due to decision not acceptable, withdrawn, decision pending

4 = Active / In Force, Lapsed, Surrendered, Paid Up, Free Look Cancelled, Matured

2. Personal details of spouse of the life to be Insured

A) Occupation and Income Details:

Occupation: _____

Name of organisation / Name of Business: _____

Designation: _____

Exact Nature of Duties (for Salaried) / Exact nature of Business (for Self Employed): _____

Annual Income / Annual Business Profit: _____

Annual Insurance Premium Paid across all policies for Self, Spouse and Children: _____

B) Existing Insurance / Applied Insurance details of the Proposer Insured

Type of Cover ¹	Name of Company	Sum Assured	Month & Year ²	Policy Decision ³	Current Status ⁴

1 = Life / Health / Critical Illness / Accident Benefit / Pension / Annuity

2 = Specify Month and Year of Policy Issue / Rejected / Decline / Pending

3 = Accepted at Standard rate, accepted with extra premium or Exclusion, Decline or Rejected by company, Not taken up due to decision not acceptable, Withdrawn, Decision Pending,

4 = Active / In Force, Lapsed, Surrendered, Paid Up, Free Look Cancelled, Matured

(Note: Please provide Husband's Supporting Financial Documents and proof of Insurance cover)

I hereby declare, that the above answers and statements are true and complete, and also agree that this questionnaire, together with the proposal dated _____ shall form a part of the contract between the company and myself.

Place: _____

Date: _____

Signature of the Life to be Insured: _____

Vernacular Declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____ Signature of the Declarant: _____

Address of the Declarant: _____

Place: _____

Date: _____

Signature of the Life Assured: _____