



1. Personal Information

- **Name:** _____
 - **Date of Birth:** _____ **Age:** _____
 - **Gender:** _____
 - **Marital Status:** Single Married Divorced Widowed
 - **Number of Dependents:** _____
 - **Occupation and Employer:** _____
 - **Annual Income:** _____
 - **Contact Information:** _____
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2. Financial Goals and Priorities

- What are your primary financial goals? (Check all that apply)
 - o Protect family income in case of death
 - o Save for retirement
 - o Save for children's education
 - o Cover potential medical expenses
 - o Build wealth or generate investment income
 - o Other: _____
 - On a scale of 1 to 5, how important is financial security for your family? _____
(1 = Low, 5 = Very High)
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3. Current Coverage and Assets

- Do you currently have any insurance policies? (e.g., life, health, disability, long-term care)
 - o If yes, please specify the type, coverage amount, and provider:
o Type: _____ | Coverage Amount: _____ | Provider: _____
- Do you have any savings, investments, or assets you'd like to protect?
 - o Savings Accounts
 - o Investment Accounts (e.g., stocks, bonds, mutual funds)

- Real Estate/Property
 - Business Assets
 - Other: _____
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4. Life Insurance Needs

- Do you have dependents who rely on your income?
 - Yes
 - No
 - How much income would your family need annually if something happened to you?

 - Do you have a specific time frame in mind for your coverage?
 - Short-term (10-15 years)
 - Long-term (20+ years)
 - Lifetime
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5. Health Insurance Needs

- Do you currently have health insurance?
 - Yes (through employer, private plan, etc.)
 - No
 - Are there specific medical conditions or concerns you want to ensure are covered?

 - How much are you willing to spend on monthly premiums? _____
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6. Retirement and Long-Term Planning

- At what age do you plan to retire? _____
- Do you currently contribute to a retirement plan? (e.g., 401(k), IRA, etc.) _____
- Do you have concerns about long-term care or nursing home expenses in the future?
 - Yes
 - No

7. Risk Tolerance and Budget

- How comfortable are you with risk in your insurance or investment decisions?
 - Very Risk Averse
 - Moderate Risk Tolerance
 - Comfortable with High Risk
- What is your budget for insurance premiums? _____

8. Additional Considerations

- Are there any specific events or goals you want this insurance to cover?
(e.g., weddings, education, buying a home) _____
- Do you have any other concerns or considerations regarding your financial protection?

Next Steps

After completing this questionnaire, I will:

1. Analyze your responses.
2. Present customized insurance solutions tailored to your needs.
3. Schedule a follow-up meeting to discuss options in detail.