Five Rivers Insurance

Needs Analysis Questionnaire

1. Contact Information:

Name:	
Phone:	
Email:	
Address:	

2. Information about you and your family:

Your full Name:	
Your Date of Birth	
Gender:	
Smoking Status:	
Your spouse/partner's full name:	
Date of Birth:	
Gender:	
Smoking Status:	
Child 1 Name:	
Child 1 Date of Birth:	
Child 2 Name:	
Child 2 Date of Birth:	
Child 3 Name:	
Child 3 Date of Birth:	

3. **Does anyone listed on this sheet have any pre-existing medical conditions?**

Yes ☐

No ☐

4. **If yes, please describe condition, date of on set and any medications that you are on:**

5. **Does anyone applying for insurance have any criminal convictions or serious motor vehicle violations: (If yes please describe and include date)**

Yes ☐

No ☐

6. **Is anyone applying for insurance considered overweight, lost or gained more than 10 lbs in last 12 months or have any health issues for which they have not consulted a doctor? (If yes, please provide details)**

Yes ☐

No ☐

7. **Has anyone ever gone through a bankruptcy or consumer report?**

Yes ☐

No ☐

8. **Has any immediate family (mother, father, brother, sister, grandparent) had major medical conditions which could be considered hereditary? (including diabetes, cancer, MS, etc…)**

Yes ☐

No ☐

9: If you lost your job/income today how long could/would you want to go without an income?:

0 days ☐

30 days ☐

60 days ☐

90 days ☐

120 days ☐

180 days ☐

360 days ☐

10: If you were to become disabled long term and not able to work or gain an income; How long would you like to receive disability benefits?

12 months ☐

2 years ☐

5 years☐

10 years ☐

To age 65 ☐

11: Occupation details:

Job title:	
Employer:	
How many years at occupation:	
Education:	
Salary:	
Spouse's information	
Job title:	
Employer:	

How many years at occupation:	
Education:	
Salary:	

12. What is a priority to you:

Covering funeral costs	☐
Covering education expenses for children	☐
Paying off debts	☐
Debt amount	
Leaving money for loved ones	☐
How much would you like to leave	
Anything else:	