**![A blue and yellow logo

AI-generated content may be incorrect.]()**

**Life Insurance Needs Questionnaire**

**Section 1: Personal Information**

1. **What is your date of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What is your gender?**
   * Male
   * Female
3. **How would you describe your overall health?**
   * Excellent
   * Good
   * Fair
   * Poor

**Section 2: Financial Obligations**

1. **What is your current annual income?** (Please enter a number)
   * $\_\_\_\_\_\_\_\_\_\_
2. **How many dependents do you have?** \_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Do you wish to fund your dependents’ education?**
   * Yes
   * No
   * If yes, please estimate the total cost of education (e.g., college tuition):
     + $\_\_\_\_\_\_\_\_\_\_
4. **What is the total amount of your current debts?** (Include mortgage, car loans, credit cards, etc.)
   * $\_\_\_\_\_\_\_\_\_\_

**Section 3: Desired Coverage**

1. **How many years of income would you like to replace?** (Select one)
   * 5 years
   * 10 years
   * 15 years
   * 20 years
   * Other: \_\_\_\_\_\_\_\_ years
2. **What do you estimate your final expenses to be?** (Funeral costs, medical bills, etc.)
   * $\_\_\_\_\_\_\_\_\_\_
3. **Would you like to provide an emergency fund for your dependents?**
   * Yes
   * No
   * If yes, please specify the amount:
     + $\_\_\_\_\_\_\_\_\_\_

**Section 4: Existing Coverage and Assets**

1. **Do you currently have any life insurance policies?**
   * Yes
   * No
   * If yes, please enter the total amount of existing life insurance coverage:
     + $\_\_\_\_\_\_\_\_\_\_
2. **Do you have any other significant assets (savings, investments) that can be liquidated or used by your dependents?**
   * Yes
   * No
   * If yes, please estimate their total value:
     + $\_\_\_\_\_\_\_\_\_\_

**Section 5: Additional Information**

1. **What type of life insurance are you most interested in?** (Select all that apply)
   * Term Life Insurance
   * Whole Life Insurance
   * Universal Life Insurance
   * Not sure
2. **Do you have any specific concerns or considerations regarding your life insurance needs?**

**Submission:**

1. **Please provide your email address if you would like to receive results and further information:**
   * Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Telephone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Final Submission Button**