Confidential Personal Financial Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street
Toronto, ON M2N 7J8
Fax: 1-877-767-0477

PLEASE PRINT

Policy Number:

Name of Proposed Insured: _____ Date of Birth: D D / M M / Y Y Y Y

A Earned Income

	Last Year	1 Year Prior	2 Years Prior
1. Salary, Draw, Wages, Fees and Commissions	$	$	$
2. Bonus	$	$	$
3. Other Earned Income (details) _____	$	$	$
Gross Annual Earned Income	**$**	**$**	**$**
4. (Less) Business Expenses	$	$	$
Net Annual Earned Income	**$**	**$**	**$**

B Unearned Income **LAST YEAR ONLY**

1. Dividends $ _____
2. Interest $ _____
3. Pension $ _____
4. Net Rental Income $ _____
5. Income from business(es) considered as Investment Income
6. Other Income (details) $ _____

_____

_____

Total Unearned Income **$** _____

C Assets

1. Cash $ _____
2. Real Estate – Residence(s) $ _____
   – Other $ _____
3. Business Equity $ _____
4. Business(es) considered as Investment $ _____
5. Stocks & Bonds $ _____
6. Personal $ _____
7. Other assets (details)

_____ $ _____

Total Assets **$** _____

D Liabilities

1. Mortgage(s) – Residence(s) $ _____
   – Other $ _____
2. Loans $ _____
3. Other liabilities (details)

_____ $ _____

_____ $ _____

Total Liabilities **$** _____

Net Worth (Total Assets – Total Liabilities) **$** _____

E Other Comments

_____

_____

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Dated at _____ this _____ day of _____ , 20 _____ .

Signature of Proposed Insured

Signature of Witness

Signature of Accountant (if information given by Accountant)

Signature of Witness

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