

**Colonial Life Insurance Company (Trinidad) Limited**

***LARGE SUM QUESTIONNAIRE***

**NAME OF PROPOSED LIFE INSURED:**

- 1. How long have you known the Proposed Life Insured?.....
- 2. Have you completed this questionnaire using information supplied by the Proposed Life Insured or from your own knowledge of his/her financial affairs?  
.....
- 2. What is the reason for effecting this policy?  
.....
- 4. Are any concurrent proposals being made to other offices? Yes [ ] No [ ]
- 5. How much cover is already in force on the Proposed Insured's life and for what reason?  
.....  
.....
- 6. What was the Proposed Life Insured's income during the last tax year?

**ANNUAL EARNED INCOME**

**ANNUAL UNEARNED INCOME**

Salary	\$-----	Dividends	\$-----
Bonus	\$-----	Interest	\$-----
Commission	\$-----	Net Rentals	\$-----
Other Earnings	\$-----	Other	\$-----
TOTAL	\$-----	TOTAL	\$-----

- 7. If **self-employed**, what is the average of the last three years' earned income?.....
- 8. How many dependents does he/she have?.....
- 9. Where a specific loan is being covered please give:
  - (a) The amount of the loan.....
  - (b) The term and repayment method.....

(c) The reason for the loan.....

(d) The name of the Lender.....

(e) The name of the Borrower.....

10. Please give the estimated net worth of the estate.

This is made up of:

**ASSETS**

**LIABILITIES**

Real Estate \$..... Mortgages \$.....

Life Insurance/Net Cash Value \$ ..... Loans \$ .....

Business Equity \$..... Liens/Judgements \$.....

Cash \$ ..... Others (*please specify*) \$.....

Unquoted Equities \$.....

Bonus \$ .....

Others (*please specify*) \$.....

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_

What is his/her net worth? (i.e. assets less liabilities)

.....

Are there any other details which you feel would help us in assessing this risk?

.....

**SIGNATURE**.....

**DATE** .....

**NAME** .....

**STATUS OF SIGNATORY**.....

**(in block capitals)**

*(See overleaf)*