



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS

HOUSEWIFE QUESTIONNAIRE

TO BE FILLED BY THE APPLICANT

Name of the Life to be Insured

Application Number

PLEASE ANSWER EACH QUESTION AND PROVIDE PARTICULARS WHEREVER REQUIRED

1. Personal details of the Life to be Insured

A) Education Qualification:

Undergraduate (Specify exact standard passed, Diploma or other course details): _____

Graduate (E.g.: B. Com, B.Sc., B. Ed., L.L.B., BBA, B. Pharm, B. Arch., etc.): _____

Postgraduate (E.g.: MD - Medicine, LL.M, M.A., M.Sc., etc.): _____

Professional Qualification (if any) (E.g.: Doctor / Architect / Chartered Accountant / Lawyer/ Pharmacist / Engineer etc.): _____

Others (Please specify in detail): _____

B) Prior work experience (if any) - Provide details:

Occupation: _____

Name of Organisation / Name of Business: _____

Designation: _____

Exact Nature of Duties (for Salaried) / Exact nature of Business (for Self Employed): _____

Annual Income / Annual Business Profit: _____

Month and Year of Last Employment / of leaving business: _____

Reason for leaving employment / closing business: _____

C) What is the purpose of Insurance? (Please tick the correct purpose)

- Savings & Investment for future needs
- Savings & Investment for Children's education
- Savings & Investment for Children's marriage
- Savings & Investment for Retirement
- Others (Please give details) _____

D) Existing Insurance / Applied Insurance details of the Proposer Insured

Type of Cover ¹	Name of Company	Sum Assured	Month & Year ²	Policy Decision ³	Current Status ⁴

1 = Life / Health / Critical Illness / Accident Benefit / Pension / Annuity

2 = Specify Month and Year of Policy Issue / Rejected / Decline / Pending

3 = Accepted at Standard Rate, accepted with extra premium or exclusion, decline or rejected by company, not taken up due to decision not acceptable, withdrawn, decision pending

4 = Active / In Force, Lapsed, Surrendered, Paid Up, Free Look Cancelled, Mature

2. Personal details of spouse of the life to be Insured

A) Occupation and Income Details:

Occupation: _____

Name of organisation / Name of Business: _____

Designation: _____

Exact Nature of Duties (for Salaried) / Exact nature of Business (for Self Employed): _____

Annual Income / Annual Business Profit: _____

Annual Insurance Premium Paid across all policies for Self, Spouse and Children: _____

B) Existing Insurance / Applied Insurance details of the Proposer Insured

Type of Cover ¹	Name of Company	Sum Assured	Month & Year ²	Policy Decision ³	Current Status ⁴

1 = Life / Health / Critical Illness / Accident Benefit / Pension / Annuity

2 = Specify Month and Year of Policy Issue / Rejected / Decline / Pending

3 = Accepted at Standard rate, accepted with extra premium or Exclusion, Decline or Rejected by company, Not taken up due to decision not acceptable, Withdrawn, Decision Pending,

4 = Active / In Force, Lapsed, Surrendered, Paid Up, Free Look Cancelled, Matured

(Note: Please provide Husband's Supporting Financial Documents and proof of Insurance cover)

I hereby declare, that the above answers and statements are true and complete, and also agree that this questionnaire, together with the proposal dated _____ shall form a part of the contract between the company and myself.

Place: _____ Date: _____

Signature of the Life to be Insured

VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured