



Policy Number/s

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LARGE AMOUNT QUESTIONNAIRE

(To form part of the policy contract)

Name of Applicant (please print) _____

Note: Adequate proof of the statements of below declarations maybe requested by the Underwriting Department.

Part I

1. What is the purpose of insurance?

(A) Personal

- Protection for Dependents
 Children's Education Fund
 Protection for Estate Duties
 Other (please specify): _____
 Income Replacement

(B) Business

- Keyperson
 Creditor/Loan
 Stock Repurchase
 Fringe
 Partnership

2. Please provide details of all current life insurance in-force or simultaneously applied on Proposed Insured, Proposed Insured's family members and business associates:

Insurance Company	Name of Insured	Policy Number	Amount of Coverage	Date Issued of Policy

3. How was the sum assured arrived at? _____

4. Please provide income details below:

a. Earned Income	This Year	Last Year	2 Years Ago
Annual Earned Income (salary/wages/director's remuneration)	PHP	PHP	PHP
Bonuses/Dividends	PHP	PHP	PHP
Other Earned Income	PHP	PHP	PHP

b. Unearned income in the past 12 months

Rental Income	PHP
Dividends from Shares	PHP
Interest from the Bank Deposit	PHP

c. Net Business Investment

Income	PHP
Others (please specify)	PHP

5. Assets

a. Properties Owned

Address	Date of Purchase	Purchase Price	Outstanding Mortgage	Current Value	Percentage of ownership

b. Other Assets:

(I) Automobiles

No. of car(s) owned _____

Model of the car (s) (1) _____ (2) _____

(3) _____ (4) _____

(II) Fixed deposit PHP _____ US\$ _____

(III) Shares/Stocks/Bonds PHP _____ US\$ _____

(IV) Business Equity PHP _____

6. Liabilities

Liabilities	Amount
(I) Mortgage(s)	PHP _____
(II) Personal Loans	PHP _____
(III) Credit line/Overdraft	PHP _____
(IV) At this time do you have an undischarged bankruptcy?	<input type="radio"/> Yes <input type="radio"/> No
(V) Others	

7. Estimated Net Worth: PHP _____

8. Family Lifestyle

No. of dependents	
Relationship to the Proposed Insured	
No. of Maid/Driver	
Residential Property (if rented)	
Monthly Rental	PHP _____ Paid by: _____

9. Occupation

Applicant's occupation	
Commencement Date of Employment	
Main duties of the Applicant	

Part II If the Applicant is a business owner, please complete the following:

1. Details of Business Interest

Name of Company	
Nature of Business	
No. of Years in the Business	
No. of employees in the Company	
Position held and for how long	
Percentage of shares owned	
Total Assets	
Total Liabilities	
Estimate Net Worth of the Business	

	This Year	Last Year	2 Years Ago
Business Turnover	PHP	PHP	PHP
Gross Profit	PHP	PHP	PHP
Net profit	PHP	PHP	PHP

2. Are other Corporate Officers, Keyperson or Partners being insured? Yes No

Give details and explanation: _____

Part III

For Keyman or Business Insurance or Business Loan Protection, please complete applicable portion:

KEYMAN INSURANCE

1. Please give reason/s why the Proposed Insured is considered valuable to the company

2. Please specify how the sum insured amount was calculated

3. How many are considered key persons in the company?

4. Will all the key persons be given the same insurance coverage? If no, please state why only selected key persons are given insurance coverage.

5. Total value of the Proposed Insured's current compensation

PARTNERSHIP INSURANCE

1. What liabilities arise on the death of the Proposed Insured?

2. Are policies affected on all shareholders/partners? If yes, please give details

3. What is the current valuation on the shares/partnership?

Note: Please submit Buy-Sell Agreement and current official valuation report for reference.

FOR BUSINESS LOAN PROTECTION

Note: Please submit a copy of the Loan Agreement for reference.

- 1. Name of Lender: _____
- 2. Loan Amount: _____
- 3. Purpose of the Loan: _____
- 4. Commencement Date: _____

DECLARATION

I confirm that the answers I have given are, to the best of my knowledge, true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I understand that the personal information collected or held by AXA Philippines may be used, stored, transferred (whether within or outside the Philippines) to such persons as AXA Philippines may consider necessary, including any of its affiliates or related companies, or any individuals/organizations/corporations/entities associated with AXA Philippines to process and deal with my application/policy to which this is appended to.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate my insurance. Furthermore, I understand that declaration of any untruthful statement may also be a ground to invalidate my insurance.

Name and Signature

Date of Signing

AXA PHILIPPINES

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