

Insurance Declaration and Acknowledgement

Client Name(s):			
Preferred Contact:		Contact Number:	

Are you adequately insured?

- Do you have sufficient life insurance to cover, as a minimum, your existing and proposed debt? Yes No
- Do you have sufficient trauma and disability insurance to cover, as a minimum, your income source? Yes No
- Have you reviewed your cover in the last 12 months? Yes No

Self-Employed - (Disregard if Not Applicable)

If you are self-employed, do you have the appropriate insurance cover to protect your business assets and income flows? Yes No

What happens next? Please indicate below:

- I / We are happy to be contacted by an Insurance Adviser to arrange a review of my / our insurances
- I / We acknowledge that my / our Mortgage Adviser has recommended a review but I / we have declined this opportunity and by doing so, I / we have removed any responsibility from my / our Mortgage Adviser if my / our existing insurance cover does not meet my / our existing or proposed requirements

I would like to discuss the following:	<input type="checkbox"/> Life Cover <input type="checkbox"/> Trauma/Permanent Disability <input type="checkbox"/> Income/Mortgage Cover <input type="checkbox"/> Medical <input type="checkbox"/> Business Cover
Notes:	

The above answers are true and correct and are in acknowledgement that these matters have been raised by my / our Mortgage Adviser and have been discussed with me / us.

Client Signature:	
Client Name:	
Date:	

Client Signature:	
Client Name:	
Date:	

This signing of this Insurance Questionnaire and Acknowledgement in no way implies an application has been made with the Mortgage Adviser for cover and that insurance proposal forms would need to be completed and accepted by an insurance company before any cover can comment. The Mortgage Adviser may or may not provide such a service.