



# Confidential Personal Financial Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

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

<b>B Unearned Income</b>		<b>LAST YEAR ONLY</b>	
1. Dividends	\$ _____	6. Other Income	\$ _____
2. Interest	\$ _____	(details)	_____
3. Pension	\$ _____		_____
4. Net Rental Income	\$ _____		_____
5. Income from business(es) considered as Investment Income	\$ _____	<b>Total Unearned Income</b>	<b>\$ _____</b>

<b>C Assets</b>	
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)	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>

<b>D Liabilities</b>	
1. Mortgage(s) – Residence(s)	\$ _____
– Other	\$ _____
2. Loans	\$ _____
3. Other liabilities (details)	_____
	\$ _____
	\$ _____
<b>Total Liabilities</b>	<b>\$ _____</b>
<b>Net Worth (Total Assets – Total Liabilities)</b>	<b>\$ _____</b>

**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 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.

Signed at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Accountant (if information given by Accountant)

\_\_\_\_\_  
Signature of Witness

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