

INSURANCE ANALYSIS

DATE: _____

	CLIENT # 1	CLIENT # 2
NAME	_____	_____
DATE OF BIRTH	_____	_____
SMOKER/NON-SMOKER	_____	_____

INCOME		
x 7	x 7	x 7
TOTAL INCOME NEED	<input type="text"/>	<input type="text"/>
(If client has children min (\$250,000)		

ADD:

LOANS	_____	_____
MORTGAGE	_____	_____
LINE OF CREDIT	_____	_____
PERSONAL LOANS	_____	_____
CREDIT CARD DEBTS	_____	_____
OTHER DEBTS	_____	_____
TOTAL CASH NEED	<input type="text"/>	<input type="text"/>

MINUS:

EXISTING LIFE INSURANCE	_____	_____
1. Personal Life Insurance	_____	_____
2. Mortgage Insurance	_____	_____
3. Debt Insurance	_____	_____
4. Other	_____	_____
EXISTING GROUP INSURANCE	_____	_____
1	_____	_____
2	_____	_____
CPP	_____	_____
PERSONAL SAVINGS	_____	_____
TFSA	_____	_____
RRSP'S	_____	_____
OTHER	_____	_____
TOTAL CASH AVAILABLE	<input type="text"/>	<input type="text"/>

TOTAL INSURANCE NEED:	<input type="text"/>	<input type="text"/>
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NOTES: _____
