

11.0 Existing Insurances**11.1 Insurance Details including Life, TPD, Trauma, Income Protection (IP) and Business Expenses***Please provide details of existing insurance policies or rider benefits*

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Insurance type					
Date of commencement					
Sum insured	\$	\$	\$	\$	\$
Policy number					
Insurer					
Policy owner					
Insured name					
Waiting period (if applic.)					
Benefit period (if applic.)					
Premium amount	\$	\$	\$	\$	\$
Premium type					
Options/Benefits					
Loadings/Exclusions					

Additional details:

11.2 Preferences

	Client 1	Client 2
Please list any insurers you would not consider for new insurance		

Additional details:

11.3 General Insurance Details*The Complete Planner Pty Ltd is not licensed to provide general insurance advice*

Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Private Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motor vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional details: