

Profile Verification Format

Name & Policy Number of the LA:	
Address	
Contact Number	
Period of Stay	
Residence Status	
Occupation & source of Income from all the sources	
Insured Annual Income	
Nature Of Business	
Insured Education	
Total Family Member & Earning Member	
Insured D.O.B	
Nominee Name & Relation with insured	
Is insured suffering from any disease or illness or taking medication for any illness like BP, Diabetes, Hypertension, Thyroid, Depression, Arthritis etc.? If the customer says yes, make sure to ask the duration.	
Have Insured undergone any surgery, operation in the past. If yes, try to know the exact year and the cause and also try and extract the medical paper.	
Health Status	
Financial status	
Habits (Alcoholic / Smoker / Quarrelsome etc.)	
Name of the person contacted	
Relationship	
Insured's Other Policy Details – (count and name of company)	
Loan Name, Where Policy Taken (Personal ,Loan/Home Loan/Vehicle Loan)	
Loan Amount	
Loan Amount Received or Not? Yes/No	
Insured is aware about Policy and Loan? Yes/No	
Neighbor 1 Name and Feedback	
Neighbor 2 Name and Feedback	
Neighbor 3 Name and Feedback	
Field Verifier Name	