

Needs Assessment Worksheet

Your Household

Name: _____ Email Address: _____
Age: _____ Phone #: _____
Occupation: _____

Spouse: _____ Email Address: _____
Age: _____ Phone #: _____
Occupation: _____

	<i>Dependent #1</i>	<i>Dependent #2</i>	<i>Dependent #3</i>	<i>Dependent #4</i>
Dependents:	_____	_____	_____	_____
Ages:	_____	_____	_____	_____

Annual Household Income: _____

Your Risks

Property Protection

Do you feel that you are sufficiently protected in the event of a loss?

- Yes
- No
- I'm Not Sure

What current policies do you have in place?

<i>Policy Type</i>	<i>Current Provider</i>
Auto Insurance	_____
Homeowners Insurance	_____
Liability Insurance	_____

Financial Protection

Do you feel that your loved ones are sufficiently protected from a financial burden if you die or become disabled?

- Yes
- No
- I'm Not Sure

What current policies do you have in place?

<i>Policy Type</i>	<i>Current Provider</i>
Life Insurance	_____
Disability Insurance	_____

Asset Protection

Do you feel that your assets are protected if you or a loved one needs medical or long-term care services?

- Yes
- No
- I'm Not Sure

What current policies do you have in place?

<i>Policy Type</i>	<i>Current Provider</i>
Critical Illness Insurance	_____
Long-Term Care Insurance	_____

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Your Goals

Retirement

Do you feel that you are on track to achieve your retirement goal?

- Yes
- No
- I'm Not Sure

Do you currently have the following:

<i>Account Type</i>	<i>Current Institution</i>
Retirement Plan	_____

Education

Is it a goal of yours to pay for education?

- Yes
- No

Do you currently have the following:

<i>Account Type</i>	<i>Current Institution</i>
RESP	_____

Savings

Do you currently have the following:

<i>Account Type</i>	<i>Current Institution</i>
Savings	_____
Mortgage Loan	_____

Your Concerns

What are your top 3 concerns regarding your future?

- Retirement Planning
- Savings
- Protecting Your Home
- Reducing Debt
- Life Insurance
- Auto Insurance
- Homeowner Insurance
- Critical Illness/Long-Term Care
- Protecting Your Income

Life Changes

Have any of the following life changes occurred in the past year, or do you expect them in the future?

<i>Event</i>	<i>When?</i>
Job Change	_____
Birth/Adoption	_____
Vehicle Purchase	_____
Home Purchase	_____
Move	_____
Start a Business	_____
Other	_____