

Life Insurance Request & Preliminary Questions

Agent Name: _____ Telephone Number: _____

Name: _____ Date Of Birth: _____ Sex: Male / Female _____

Product Type / Term Duration(s): _____

Face Amount(s): _____ Premium To Beat: _____

Current Product: _____ Replacement: _____

HEALTH Height: _____ Weight: _____ Weight Loss In Past Year: _____

1) Nicotine Use? Yes No (Including: patch, gum, cigars, snuff, cigarettes, pipe)
If yes, please specify all types being used:

 If cigarettes, how many per day:

 Have smoking habits changed in the last 5 years: Yes No
 If yes, please explain (please be specific):

 If cigars, how many per month:

2) Have you quit using any product containing nicotine in the past 5 years? Yes No
If yes, please explain in detail:

3) Family History:

 A. Has any parent or sibling CURRENTLY or in the past ever HAD:

 Heart disease (bypass, heart attack, angioplasty): Yes No

 Cancer: Yes No Diabetes: Yes No

 Stroke: Yes No Aneurism: Yes No

 CVA (Cerebral Vascular Accident): Yes No

 If yes to any above please provide detail including age of diagnosis:

 B. Has any parent or sibling died of:

 Heart disease (bypass, heart attack, angioplasty): Yes No

 Cancer: Yes No Diabetes: Yes No

 Stroke: Yes No Aneurism: Yes No

 CVA (Cerebral Vascular Accident): Yes No

 If yes to any above please provide detail including age at death:

4) When was the last doctor physical performed?

5) Have you ever been diagnosed with a medical condition or disease?
Please provide when diagnosed, treatment, and last time there has been follow up.

6) Please list ALL medications that are being taken and why:

7) Ever have any procedures or operations that have been completed or are going to be scheduled?

Yes No

If yes, please provide detail:

8) Do you know your current cholesterol level? Yes No

If yes, please provide numbers along with Chol/HDL ratio:

9) Are you aware of any moving violations in the past 3 years? Yes No

If yes, please provide details and dates:

(Please include DUI, suspension or reckless driving history if applicable)

10) Please list any avocations such as scuba diving, private pilot, sky diving.... Etc.:

11) Are you a U.S. citizen? Yes No

If no, do you have a green card? Yes No

If no, what is your visa status:

Please provide country of citizenship:

12) Have you traveled outside of the U.S.A. or Canada in the past few years? Yes No

If yes, please provide detail:

13) Do you have plans to travel outside the U.S.A or Canada in the future? Yes No

If yes, please provide detail: