

LIFE INSURANCE QUESTIONNAIRE

1. Full Legal Name: _____
2. Home Address: _____ How Long? _____
3. Primary Phone: _____ 4. Birthplace (City, State): _____ 5. SSN: _____
6. DOB: _____ 7. Are you a U.S. Citizen? _____ If no, provide country, type of visa and exp. _____
8. Driver's License, Issue State, and Exp Date: _____
9. Employer Name & Address: _____
10. Occupation: _____ How Long Employed? _____ Duties: _____
11. Annual Income: _____ Net Worth: _____ Investible Assets: _____
12. Do you have existing life insurance? If yes, please list all below:

Insured	Company	Issue Year	Policy #	Personal/Business	Amount

13. Will it be replaced with new coverage? Yes No If so, which? _____
14. Do you contemplate flying, or have you flown during the past 2 years as a pilot, student pilot, or crew member?
Y Yes No
15. Do you plan to participate or have you participated within the past 2 years, in motor vehicle or boat racing, hang gliding, sky or scuba diving or similar sports? Yes No
16. Do you plan to travel or reside outside of the US within the next 2 years? Yes No If yes, provide the countries, cities and/or regions you expect to visit, the length of stay, the expected dates, and purpose of trip.

17. Have you ever, or do you currently use tobacco or products containing nicotine? Yes No If yes, please list frequency and specify product type (cigars, cigarettes, patch, etc). _____
18. Have you had any convictions within the past 5 years for motor vehicle moving violations, or had your license suspended, revoked, or restricted? Yes No
19. Have you ever applied for life or health insurance which was denied, required an extra premium or was issued for a reduced amount? Yes No If yes, please explain: _____
20. Is there any sensitive issue(s) you would like to disclose (bankruptcy, misdemeanor, felony, etc)? Yes No If yes, please explain: _____

MEDICAL HISTORY

22. Height and weight today: _____ 12 months ago: _____

23. Please list all medications below and the conditions for which have been prescribed:

24. Do you have a history of:

Cancer	Yes	No	Diabetes	Yes	No
Heart Disease	Yes	No	Kidney Disease	Yes	No
Hypertension	Yes	No	Other	_____	

25. Has either parent or any sibling had cardiovascular disease, cancer, kidney disease, diabetes, or other familial disorder prior to the age 60? Yes No If yes, please provide details:

Relation to you	Diagnosis	Age of onset	If deceased, age of death

Details (List any additional details from questions above and include question number).

Name

Signature

Date

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SAFEGUARDING YOUR PRIVACY

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