

Confidential Life Insurance Inquiry

Proposed Insured Name _____ Date of Birth _____ Male Female

Amount of Insurance Desired \$ _____ Length of Term 10 15 20 25 30 40 Lifetime

Height _____ Weight _____ Weight Change in Past 12 Months? _____

State of Residence? _____ Have you ever used tobacco or nicotine products? Yes No

If YES, date of last use _____ Are you currently using tobacco or nicotine products? Yes No

Cigarettes Cigars Pipe Chew Other _____

How often do you use the above tobacco products or substitutes such as nicotine gum or path?

Have you used Marijuana Products in the past 5 years? Yes No If YES, please detail your usage below.

Do you have family history in parents or siblings of cancer, stroke or heart disease prior to age 60? Yes No

If YES, please provide details _____

Have you had more than two moving violations in the past 5 years Yes No

Details _____

Have you had a DUI, reckless driving citation or license suspended or revoked in the past 10 years Yes No

Do you pilot a plane, SCUBA dive, hang glide, rock climb or engage in other hazardous avocations? Yes No

Details _____

Any plans to travel outside the United States in the next year? Yes No

If YES, where and expected duration _____

Please list current medical conditions you are being treated for and any prescriptions you take.

Is there anything else about your health or lifestyle that might impact life insurance underwriting?

Phone Number _____ Email Address _____