



LIFE INSURANCE QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TYPE OF INSURANCE REQUESTING:

- _____ TERM LIFE INSURANCE
- _____ 5 YEAR TERM
- _____ 10 YEAR TERM
- _____ 15 YEAR TERM
- _____ 20 YEAR TERM

_____ WHOLE LIFE

_____ VARIABLE LIFE

_____ UNIVERSAL LIFE

_____ VARIABLE UNIVERSAL LIFE

AMOUNT OF INSURANCE REQUESTING: _____

MALE or FEMALE

HEIGHT: _____

WEIGHT: _____

ARE YOU CURRENTLY A TOBACCO USER? YES or NO

Type: _____

Amount per Day: _____

HAVE YOU USED TOBACCO IN THE PAST? YES or NO

How long has it been since you used a tobacco product: _____

PLEASE LIST ANY KNOWN HEALTH PROBLEMS: _____

PLEASE LIST ANY PRESCRIBED MEDICATIONS YOU ARE CURRENTLY TAKING: _____

DO YOU WANT ANY CHILD RIDERS ADDED: YES or NO

NAME: _____

DATE OF BIRTH: _____

NAME: _____

DATE OF BIRTH: _____

SIGNED: _____

DATE: _____