

Life Insurance Preliminary Questionnaire

Name: _____ Date of Birth: _____
Home address: _____ City _____
Zip Code _____

Do you use tobacco of any kind? Yes No Last Used _____ cigarettes/cigars/chew
Height _____ Weight _____
Any health history or complications of surgery? Yes No Comments: _____

Have you ever been treated for high blood pressure Yes No
Currently being treated for high blood pressure? Yes No If yes, what prescription drugs
are you taking (how much and how often)? _____

Have you ever been treated for high for high cholesterol? Yes No
Have you ever had elevated liver function? Yes No
Have you recently (2 years) had an irregular EKG? Yes No
What prescription drugs are you currently taking or have taken in the last 2 years? _____

Family history: Is your father living? Yes No Is your mother living? Yes No
If no, please list his date of death & cause _____
Do you have any living siblings? Yes No NA If no, please list dates of death &
cause(s) _____
Have you had any moving violations? Yes No Please list dates & type _____

Drivers license number: _____ State: _____ Social Security Number _____
Have you ever been treated for alcohol or drugs? Yes No
DWI? Yes No Date _____
Do you participate in hazardous activities such as sky diving, scuba diving, piloting your own
airplane, racing cars or other hazardous activities? Yes No
If yes, please describe and give dates. _____
Other than normal vacations, do you plan to travel outside the U.S. or Canada? Yes No
If yes, when, where and how long? _____
How much insurance do you have on yourself? _____
Will this replacement a current life policy? Yes No
How much insurance are you applying for? _____
Your occupation: _____
Your annual income: _____
Net worth(required for applications of \$1 million or more) _____
Name of employer: _____
Office phone number: _____ Office address: _____
City _____ Zip Code _____