

**Producer Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date/ Time Quote needed: \_\_\_\_\_

**Insured information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male:  Female State: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Cholesterol: \_\_\_\_\_

License number: \_\_\_\_\_ License expiration: \_\_\_\_\_

Current coverage in force:  Life  Disability  Long term care  Annuity

**Insured Medical information:**

Did your father, mother or siblings have or die of cardiovascular disease, cancer or diabetes before the age of 60?

Yes  No ***If yes indicate which parent, sibling, condition, age of onset, cause of death and age at death***

\_\_\_\_\_

Have you ever had cancer or any type of cardiovascular disease or issue?

Yes  No ***If yes provide details- dates, treatment and outcome***

\_\_\_\_\_

Are you currently taking any prescription medication?

Yes  No ***If yes list name, dosage and purpose of medication***

\_\_\_\_\_

Have you been treated for any illness/ injury or had any specialized test in the past 10 years?

Yes  No ***If yes provide details- dates, reason, and outcome***

\_\_\_\_\_

In the past 3 years have you had any moving violations? Had your driver's license suspended or had a DUI in the past 5 years?

Yes  No ***If yes provide dates and details***

\_\_\_\_\_

Have you or will you be traveling outside the US in the next 24 months?

Yes  No ***If yes provide details***

\_\_\_\_\_

\_\_\_\_\_

**Insured medical information continued:**

1. Heart conditions: Coronary artery, valve, heart muscle, high blood pressure, rhythm disorders?  Yes  No
2. Nicotine Use:  Currently using- Type\_\_\_\_\_  Formally used- Type\_\_\_\_\_ - Date quite \_\_\_\_\_  Never used
3. Peripheral vascular disease: Carotid artery stenosis, blockage of leg arteries? Aneurysms, other?  Yes  No
4. Cancer or Tumors: Organ involved: \_\_\_\_\_ Tumor type: \_\_\_\_\_ Stage/Grade: \_\_\_\_\_  Not applicable
5. Mental health disorders: anxiety, depression, ADHD, bipolar, panic disorders, PTSD, other?  Yes  No
6. Lung disorders: asthma, sleep apnea, chronic bronchitis, emphysema, sarcoidosis, pulmonary fibrosis, other?  Yes  No
7. Brain disorders: stroke, TIA, multiple sclerosis, seizures, dementia, neuropathy, global amnesia, other?  Yes  No
8. Diabetes: Type-I Type-II Treatment\_\_\_\_\_ Diagnosis date: \_\_\_\_\_ Largest HgA1c \_\_\_\_\_  Not applicable
9. Muscles disorders: myasthenia Gravis, muscular dystrophy, polymyositis, dermatomycosis's, other?
10. Blood disorders: Anemia-type \_\_\_\_\_ clotting disorders-type \_\_\_\_\_ other? \_\_\_\_\_  Not applicable
11. Rheumatoid arthritis, Grave's disease, thyroiditis?  Yes  No
12. Systematic lupus, Ankylosing spondylitis, chronic fatigue syndrome?  Yes  No
13. Kidney inflammation, protein or microalbumin in urine? Pituitary disorders, Adrenal disorders? Other?  Yes  No
14. Liver disorders- hepatitis, fatty liver, abnormal liver function tests, other? Pancreatitis? Other?  Yes  No
15. Diverticulosis, weight-loss surgery, esophageal disorders, GERD, ulcerative colitis, Crohn's disease, other?  Yes  No
16. Arteritis, vasculitis, chronic pain syndrome, bone or joint disorders, ear, nose and throat disorders?  Yes  No
17. Substance use: Type:\_\_\_\_\_ date of any rehabilitation: \_\_\_\_\_ Relapse date: \_\_\_\_\_  Not applicable
18. Any condition not listed?

Please explain any information to which you answered yes or to which more information should be provided

---

---

---

---

**Policy request information:**

Plan desired:  10 yr.  15 yr.  20 yr.  25 yr.  30 yr.  35 yr.  40 yr.

Universal Life  Index UL  Whole Life  Other

Death Benefit\_\_\_\_\_ State\_\_\_\_\_ Riders\_\_\_\_\_

Purpose of coverage:  Family needs  Business needs  Estate needs  Loans