



## Life Insurance Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Male  Female

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please answer the following coverage information:**

Type of Coverage:  Term  Universal Life  Whole Life  Unsure

Coverage Amount: \$ \_\_\_\_\_ Anticipated Premium: \$ \_\_\_\_\_

**Please answer the following questions:**

1. Tobacco Use:  Never used  Use now Type of nicotine product:: \_\_\_\_\_  
 Stopped using Date stopped: \_\_\_\_\_

2. List health conditions (Give as much detail as possible, include when the condition was diagnosed, how it was contracted and current prognosis):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has there been any treatment?  No  Yes (Please provide start and end dates, name of treatment):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Is individual currently on any medications? (Please list accurate name, dosage and reason):

Name of Medication (Accurate)	Dosage	Reason

5. Does individual have any other major health issues?  No  Yes; please give details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: Additional questionnaires may be required. Also all information submitted by prospective clients will be kept in strict confidence per the HIPPA regulations and all applicable insurance institution privacy laws. See Notice of Privacy Practices for additional information.