



LIFE INSURANCE FACT FINDER

CLIENT PROFILE

To most effectively help find coverage options, we need to gather as much information as possible. Once completed, we will review all the information provided and begin formulating the most suitable recommendations available.

Date: _____

Applicant Name: _____ DOB: _____ Gender: Male Female

Smoker? Yes No Other: _____ Height: _____ Weight: _____

Spouse Name: _____ DOB: _____ Gender: Male Female

Smoker? Yes No Other: _____ Height: _____ Weight: _____

Policy Type: Term Whole Life Universal Life Indexed Universal Life

Face Amount: _____ Face Amount Option: A (Level) B (Increasing)

Premium: _____ Frequency: Annual Semi Annual Quarterly Monthly

Premium Type: Lifetime Single Pay 5 pay 7 Pay 10 pay 15 pay 20 pay Other _____

Avocations: Aviation SCUBA Diving Racing Other (specify) _____

U.S Citizen? Yes No If no, specify country of citizenship, visa type, and expiration date:

If traveling outside the U.S., specify countries, dates, and durations:

Criminal, driving, moving, or DUI history in the past 5 years? Yes No

If yes, specify dates, instances, and type of charge (Misdemeanor/felony):



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Health conditions - specify condition, diagnosis date, current status, and any relevant details (High blood pressure, cholesterol, heart disorder, diabetes, cancer, circulatory disorder, liver disorder, mental/nervous disorder, etc):

Medications (name, dosage, frequency, and reason taken):

Dates and reasons for doctor visits or hospitalization in the past 5 years:

Family History: Has either parent had, or died from any health conditions prior to age 60?

Mother: Yes No Condition: _____ Living? Yes No Age: _____

Father: Yes No Condition: _____ Living? Yes No Age: _____