

Life Insurance Questionnaire

Type of Life Insurance: Term / Permanent

If Term, Number of Years Requested: 5 / 10 / 15 / 20 / 25 / 30 / Other

Amount of Insurance Requested: _____

Name of Proposed Insured: _____

DOB: ____ / ____ / ____ Height: _____ Weight: _____

Any Current Tobacco Use: Y / N

If Yes, What type: Cigarettes / Pipe / Cigars / Chew, Dip, etc.

Any Past Tobacco Use: Y / N If Yes, When Was Last Used: ____ / ____ / ____

Home

Address: _____

Phone: (____) _____ - _____ E-Mail: _____

Is Any Life Insurance Currently In Place: Y / N If Yes, How Much: _____

If So, Will Current Policy Remain In Place: Y / N