

INFO NEEDED TO PROVIDE A REALISTIC LIFE INSURANCE PROPOSAL

Name _____

Street Address _____

City _____ Zip Code _____

Date of Birth _____

Gender _____

Height _____

Weight _____

Tobacco questions

Have you ever used tobacco products? Yes or No _____

If yes, please list types _____

Last usage _____ How often a day ? _____

Blood Pressure, have you ever been treated for high blood pressure? _____

If yes, year started treatment _____, current readings, (Sys/Dia) _____

Medication taking for blood pressure, _____

Cholesterol, have you ever been treated for high cholesterol? _____

If yes, year started treatment, _____ Levels _____ / _____ Total/HDL

Have you **ever been convicted of drunk driving DUI/DWI, reckless driving**, or had your license suspended or revoked? _____ if yes, state the date _____

Have you received **any moving violations/ tickets** (not parking tickets) within the last 5 Years? _____

Do you participate in any **hazardous activities**? (skydiving, scuba, pilot, racing etc)
If yes, state which ones and how often, please indicate the date of your last activity:

Have you ever been declined for Life Insurance? _____

If yes, state why _____

Have you ever been treated for any of the following: Alcohol/Drugs, Alzheimer's Disease, Asthma, Cancer, COPD, Colitis / Crohn's Disease, Depression, Diabetes, Epilepsy, Emphysema, Heart Disease, Kidney/ Liver Disease, Mental Illness, Multiple Sclerosis, Rheumatoid Arthritis, Sleep Apnea, Stroke, Ulcerative Colitis , Vascular Disease
Anything else not mentioned above? _____

If yes, please list the condition, date of diagnosis and treatment, and any medications currently Being used to treat the condition.

Family History

	Age or date of death	History of Heart disease?	History of Cancer
Father	_____	_____	_____
Brother(s)	_____	_____	_____
Sister(s)	_____	_____	_____