



Ramey Insurance Agency, Inc
(618) 932-2730

Personal Life Questionnaire - Life Intake Form

Name: _____ Sex: Male or Female
Date of Birth: _____ Height _____ Weight _____
Face Amount: _____
Plan of Insurance: _____ (Term, UL, or Whole Life)

1. Have you used any form of tobacco (cigarettes, pipe, cigar, chew, nicotine gum or patches) in the last:

60 months Yes No 36 months Yes No
24 months Yes No 12 months Yes No

If yes, please indicate type & amount used: _____

If recently stopped using tobacco, please indicate date: _____

**Bankruptcies' DUI's/reckless conviction in the last 5 years, or 3 moving violations in the last 3 years excludes Ultra & Super Select Rates.*

2. Have you ever been rated or declined for insurance? Yes No

If so, why? _____

3. Have you ever been treated for High Blood Pressure or Cholesterol: Yes No

4. Has any member of your family (parent/sibling) been treated for coronary artery disease or cancer prior to age 60?

Yes No

5. Has any member of your family (parent/sibling) died from coronary disease or cancer prior to age 60?

Yes No

6. Are you currently taking or have you been advised to take any prescription medication? Yes No

If so, what type & why? _____

If additional space is needed attach prescription drug form

Please provide details to any question marked Yes and any additional medical Information:

Additional life ins. options, purpose of life ins:

**Treatment for diabetes, cancer, heart disease, depression, High BP, alcohol or drug abuse excludes Ultra & Super Select Rates.
If you have any questions, don't hesitate to contact your agent or visit our website for more information.*

