

**Ramey Insurance Agency, Inc. // Personal Life Insurance Intake Questionnaire**

*Life Insurance Application - Preliminary Information*

**Section 1 - Applicant Information**

**Full Legal Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:**  Male  Female  Other

**Social Security Number:** \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced  Widowed

**Residential Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mailing Address (if different):**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**U.S. Citizen?**  Yes  No

If No, country of citizenship: \_\_\_\_\_

\_\_\_\_\_

**Section 2 - Employment & Financial Information**

**Occupation / Job Title:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Years in Current Occupation:** \_\_\_\_\_

**Annual Gross Income:** \$ \_\_\_\_\_

**Net Worth (approximate):** \$ \_\_\_\_\_

**Source(s) of Income:**

Salary/Wages  Self-Employed  Investments  Retirement  Other: \_\_\_\_\_

## Section 3 - Coverage Information

**Type of Life Insurance Requested:**

- Term Life
- Whole Life
- Universal Life
- Indexed Universal Life
- Final Expense
- Unsure / Needs Recommendation

**Desired Face Amount (Death Benefit):** \$ \_\_\_\_\_

**Desired Term Length (if Term):**

- 10 Year
- 15 Year
- 20 Year
- 25 Year
- 30 Year

**Primary Purpose of Coverage:**

- Income Replacement
  - Mortgage Protection
  - Family Protection
  - Business Planning
  - Estate Planning
  - Final Expenses
  - Other: \_\_\_\_\_
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## Section 4 - Beneficiary Information

**Primary Beneficiary**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Percentage:** \_\_\_\_\_ %

**Contingent Beneficiary**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Percentage:** \_\_\_\_\_ %

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## Section 5 - Medical & Health History

**Height:** \_\_\_\_\_ ft \_\_\_\_\_ in      **Weight:** \_\_\_\_\_ lbs

**Primary Care Physician:** \_\_\_\_\_

**Last Doctor Visit (Approx. Date):** \_\_\_\_\_

## Medical Questions

(Answer Yes or No to all)

1. Have you ever been diagnosed with or treated for heart disease, stroke, or high blood pressure?  Yes  No
2. Have you ever been diagnosed with diabetes?  Yes  No
3. Have you ever been diagnosed with cancer?  Yes  No
4. Do you have any respiratory conditions (asthma, COPD, sleep apnea)?  Yes  No
5. Have you had surgery or been hospitalized in the past 10 years?  Yes  No
6. Are you currently taking prescription medications?  Yes  No
7. Have you been advised to undergo testing or treatment that you have not yet completed?  Yes  No
8. Have you ever been declined, rated, or postponed for life insurance?  Yes  No

If yes to any above, please explain (condition, dates, treatment, outcome):

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## Section 6 - Lifestyle & Risk Assessment

### Tobacco/Nicotine Use:

- Never  
 Former (quit date: \_\_\_\_\_)  
 Current (type & frequency): \_\_\_\_\_

### Alcohol Consumption:

- None  Social  Moderate  Heavy

### Recreational Drug Use: Yes No

If yes, type & frequency: \_\_\_\_\_

### Dangerous Activities (check all that apply):

- Aviation (private pilot)  
 Scuba Diving  
 Skydiving  
 Racing  
 Firearms (professional)  
 Other: \_\_\_\_\_

### Foreign Travel (past or planned outside U.S./Canada):

- No  
 Yes - Countries & duration: \_\_\_\_\_

## Section 7 - Existing Insurance

Current Life Insurance in Force?  Yes  No

If Yes:

Carrier: \_\_\_\_\_

Policy Type: \_\_\_\_\_

Face Amount: \$ \_\_\_\_\_

Issue Year: \_\_\_\_\_

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## Section 8 - Replacement Consideration

Is this policy intended to replace existing life insurance?

No

Yes (replacement forms may be required)

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## Section 9 - Authorization & Acknowledgment

I certify that the information provided is accurate and complete to the best of my knowledge and understand it will be used to determine eligibility, pricing, and underwriting requirements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Agent Notes / Internal Use Only

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