

Life Insurance Analysis

NOT AN APPLICATION FOR LIFE INSURANCE



Requested Amount of Insurance: _____ Requested Type of Insurance: _____

Name: _____ ☐ Male ☐ Female DOB: _____

SS#: _____ Driver's License #: _____ Place of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Occupation: _____ How Long: _____

Income: _____ Assets: _____ Liabilities: _____ Net Worth: _____

Premium Tolerance/what amount fits in your budget _____

List any Insurance Currently In Force on (Please include a copy of the most current annual statement or information page)

Company	Year Issued	Face Amount	Replace?	Offer to be Replaced

Height: _____ Weight: _____ Major weight Loss/Gain in the past year ☐ Yes ☐ No

Do you participate in any hazardous activities? _____

Do you have any plans for foreign travel? (If yes, when, where, purpose and how long) _____

Have you ever used any kind of tobacco or any other products containing nicotine? ☐ Yes ☐ No

If yes, please indicate which form: _____ How often: _____

Has use been discontinued? ☐ Yes ☐ No Date discontinued: _____

Medical history – Health issues, Medications or concerns:

Family Health History: Age History of Heart Disease History of Cancer(All Types)

(If deceased, age at death)

Mother			
Father			
Sister(s)			
Brother(s)			

List any medical conditions not indicated above: _____

Physician Information:

Please list all physicians seen within the past ten (10) years:

Physician Name: _____ Phone: _____

Address: _____

Date Last Seen: _____ Reason: _____

Please use an additional page, if necessary.

Please fax or email back to (602) 926-2277 or B.C.Insuranceservices@gmail.com