

# INFORMAL INQUIRY/THIS IS NOT AN APPLICATION

Please complete this form as thoroughly and accurately as possible, including onset dates, prescription names, dosages, and physician's contact information (if requested). Complete, precise information produces the most accurate carrier offers.

## BROKER INFORMATION

## CASE DESIGN INFORMATION

Circle One: Universal Life Indexed Universal Life/ Whole Life/ Term (Period \_\_\_\_\_)

Death Benefit Amount \_\_\_\_\_ If no-lapse, carry guarantees to age \_\_\_\_\_ Option \_\_\_\_\_

Riders \_\_\_\_\_ Lump Sum / 1035 Exchange Amount \_\_\_\_\_

Purpose of Coverage (i.e. Estate Planning, Buy-sell, etc.)  
\_\_\_\_\_

Goal of Coverage: \_\_\_\_\_

Possible Issues: \_\_\_\_\_

## PROPOSED INSURED INFORMATION

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Any change greater than 10 pounds in last year? \_\_\_\_\_ If yes,

please explain? \_\_\_\_\_

Tobacco/Nicotine Usage (Y/N) Type (Chew/Vapor/ Cigs/ Cigars, Hookah, Patch, Marijuana)

and amount per day/week/ month \_\_\_\_\_ More details the better.

Date since last used \_\_\_\_\_

## INSURANCE HISTORY

Have you ever been rated substandard, declined or postponed when applying for Life, LTC, or Disability Insurance? Please include

reason, dates, carriers \_\_\_\_\_

Pending Insurance Applications and current coverage (include carrier, amount, outcome)  
\_\_\_\_\_  
\_\_\_\_\_

## LIFESTYLE & AVOCATION INFORMATION

1.) Have you flown or do you intend to fly other than as a fare paying passenger on a commercial airline in the last 2 years or

the next 2 years? (Y/N) If yes, hours flown last year \_\_\_\_\_ Anticipated hours next 12 months \_\_\_\_\_ IFR (Y/N) \_\_\_\_\_

Date of last flight \_\_\_\_\_ License Type \_\_\_\_\_ Aircraft type and purpose \_\_\_\_\_

2.) Have you engaged or do you plan to engage in scuba or skin diving? (Y/N) If yes, number of dives last year \_\_\_\_\_

Anticipated dives next 12 months \_\_\_\_\_ Certification Type \_\_\_\_\_ Maximum Depth \_\_\_\_\_

Where do you dive? (i.e. rivers, ocean, lake) \_\_\_\_\_ Purpose (recreational/commercial) \_\_\_\_\_

3.) Have you engaged in or do you plan to engage in any other hazardous sports (Ballooning, motor cross, racing, rock climbing) or activities? **(Y/N)** If yes, provide complete details: \_\_\_\_\_

4.) Have you declared bankruptcy? **(Y/N)** If yes, what Chapter? \_\_\_\_\_ Date filed \_\_\_\_\_ Date Dismissed \_\_\_\_\_

5.) Have you ever been convicted of misdemeanor or felony offense in the last 10 years? **(Y/N)** If yes, provide, please provide complete details \_\_\_\_\_

6.) Do you consume recreational drugs? **(Y/N)** \_\_\_\_\_ If yes, provide specific type used \_\_\_\_\_

Quantity used? \_\_\_\_\_ Frequency? \_\_\_\_\_ Date last used \_\_\_\_\_ More Details the better.

Have you ever been treated for, or recommended to seek treatment for drug or alcohol abuse? (provide details)

7.) In the past 5 years, have you had any moving violations or been cited for DUI, DWI or Reckless Driving? **(Y/N)**

If yes, please provide details and approximate date of occurrence or occurrences: \_\_\_\_\_

#### MEDICAL QUESTIONS

All Medications (include date started and dosage) Please list prescriptions and non-prescriptions (vitamins and supplements) medications:

Have you ever had or have symptoms of, or been told by a physician that you have had or have any of the following :

1.) Chest pain, shortness of breath, heart murmur, high blood pressure, stroke (TIA), irregular heartbeat, or any other disease or disorder of the heart or arteries? **(Y/N)**

2.) Diabetes, elevated blood sugar or glucose intolerance, thyroid, or other endocrine or glandular disease? **(Y/N)**

3.) Any tumor, cancer, cyst, melanoma, lymphoma, or any disease of the lymph nodes? **(Y/N)**

4.) Arthritis, gout, or any disease of the back, spine, muscles, nerves, bones, joints, or skin? **(Y/N)**

5.) Anemia, leukemia, clotting disease or any other blood disease? **(Y/N)**

6.) Asthma, emphysema, allergies, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or shortness of breath or any other disease of the respiratory system? **(Y/N)**

7.) Ulcers, colitis, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disease of the stomach, esophagus, liver, intestines, gallbladder, or pancreas? **(Y/N)**

8.) Seizures, fainting, dizziness, epilepsy, stroke, paralysis or other neurological or brain disease? (Y/N)

9.) Any nervous, mental, or emotional disease, or received counseling for anxiety, depression, stress or any other emotional disease? (Y/N)

10.) Any complications of pregnancy or disease of the testicles, prostate, breast, ovaries, uterus, cervix, kidney, or bladder? (Y/N)

11.) Any disease of the eyes, ears, nose or throat? (Y/N)

12.) Any mental or physical diagnosis or medically or surgically treated condition not listed above? (Y/N)

13.) Family history, what are the current ages of parents and siblings or age of passings and causes of passing? (Y/N)

14.) Have you been in the hospital or emergency room or medical physicality in the past five years? (Y/N)

15.) List all doctors the client has seen in the last five years. (Y/N)

*Any Yes answer above, please provide details including question number, diagnosis, date of onset, duration of condition, treatments, current status and name & telephone number of physician/specialist that treated or is treating condition. **Please list all Doctors seen in the past 10 years. Name, Address and Telephone Number.***

Details

Date	Name	Address	Reason for Visit	Result

### FOREIGN TRAVEL / CITIZENSHIP

Country of Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Dual Citizenship \_\_\_\_\_

Green card (Y/N) \_\_\_\_\_ Visa Type \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Do you own US property? \_\_\_\_\_ Since when? \_\_\_\_\_ US Bank Account (Y/N) \_\_\_\_\_

Business Interests (describe) \_\_\_\_\_ Immediate Family in US (Y/N) \_\_\_\_\_

Details of foreign travel (include countries and time spent per year) \_\_\_\_\_