



Full legal name:

Date of Birth:

Address:

Phone number:

Email address:

Life Insurance Questions:

- Approximate height and weight?
- Any major health problems or surgeries in the past 10 years? What type and what approximate date?
- Do you take any prescription medications on a regular basis?
- If so, for what?
- What are the milligrams for this medicine? How many times a day do you have to take it?
- Are you a Smoker or Non-Smoker?
- How much coverage were you looking to get?
- Did you want term or permanent life insurance?