

AGENT: _____

DATE: _____

CLIENT INFORMATION

Name _____

Spouse _____

Address _____

Phone _____

Children _____

Phone _____

Driver's License # _____

Driver's License # _____

Date of Birth _____

Date of Birth _____

Height _____ Weight _____

Height _____ Weight _____

Bank Account ☐ Yes ☐ No Routing _____ Account _____Do you currently have life insurance that you own? ☐ Yes ☐ NoDo you have any children or grandchildren under the age of 18? ☐ Yes ☐ No

QUESTIONNAIRE

Do you or have you ever had any of the following:	YOU	SPOUSE
High Blood Pressure	☐ Yes ☐ No	☐ Yes ☐ No
Heart Conditions? Stents? Any Heart Surgery?	☐ Yes ☐ No	☐ Yes ☐ No
Heart Attack?	☐ Yes ☐ No	☐ Yes ☐ No
Sleep Apnea	☐ Yes ☐ No	☐ Yes ☐ No
Stroke	☐ Yes ☐ No	☐ Yes ☐ No
Cancer	☐ Yes ☐ No	☐ Yes ☐ No
DUI within 5 years	☐ Yes ☐ No	☐ Yes ☐ No
Diabetes (oral/insulin) What age were you diagnosed? _____	☐ Yes ☐ No	☐ Yes ☐ No

