PERSONAL INSURANCE FACT FINDER

Name _____ Phone Number _____Email Address_____

Date of Birth_____ Male/Female_____

COMPLETE FOR LIFE INSURANCE

Amount of Life Insurance Protection requested $_____ $ _____ $_____

Purpose of the Life Insurance: ☐ Family Protection ☐ Debt Protection ☐ Estate Planning
☐ Business Buy-Sell Funding ☐ Business Key Person Protection

Type of Life Insurance:
Term: ☐ 10 yr ☐ 15 yr ☐ 20 yr ☐ 25 yr ☐ 30 yr
Permanent: ☐ Universal Life ☐ Whole Life

COMPLETE FOR DISABILITY INCOME INSURANCE

Occupation and Duties_____

Salaried/Hourly Employee Monthly Income $_____ (W-2 Income, 1099 Income)

Business Owner Monthly Income: $_____ (Net Business Income, Schedule C or K Income, Share of Corporate Profits)

RISK EVALUATION

Tobacco/Nicotine Use:
☐ Never Used any Nicotine Product or stopped more than 5 years ago
☐ Have used: Type _____ How Often _____
☐ Stopped Use? When Stopped_____

Build: Height_____ Weight_____

Family History:
Parents, Brothers, Sisters: Died Prior to age 61 of Cardiovascular Disease or Cancer? (Yes/No) _____
If yes, Parent or Sibling?_____ Age at Death_____ Cause of Death_____
If more than one, provide details of each_____

☐ Taking Blood Pressure Medication? If known, last BP reading_____
☐ Taking Cholesterol Medication? If known, last Cholesterol reading_____

List all medications currently taking _____

_____

Medical History: Have you ever been told you had, or been treated for any of the conditions listed? If yes, check all that apply.

- ☐ Alcohol Abuse
- ☐ Alzheimer's Disease
- ☐ Asthma
- ☐ Cancer
- ☐ Cirrhosis
- ☐ COPD
- ☐ Coronary Artery Disease
- ☐ Crohn's Disease
- ☐ Depression/Anxiety
- ☐ Diabetes
- ☐ Drug Abuse
- ☐ Epilepsy
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ Irregular Heartbeat
- ☐ Kidney Disease
- ☐ Lupus
- ☐ Multiple Sclerosis
- ☐ Peripheral Vascular Disease
- ☐ Rheumatoid Arthritis
- ☐ Sleep Apnea
- ☐ Stroke/TIA
- ☐ Neck, Back, Spine
- ☐ Other

Details: Dates of onset, diagnosis, details of treatment:_____

_____

_____

AviationAvocation:
In the past 5 years have you participated in any of the following activities? If yes, provide details below.

☐ Flying ☐ Scuba Diving ☐ Racing ☐ Rock Climbing ☐ Other

Citizenship:
U.S. Citizen? (Yes/No) _____
If no, country of citizenship_____ Type and date of Visa_____
Green Card? (Yes/No) _____ How long in the US? _____

Foreign Travel:
Any plans to travel outside the US or Canada? (Yes/No) _____
If Yes, Countries and cities you will visit, duration of each, purpose of travel _____

_____

In the past 10 years have you had any of the following motor vehicle related incedents? (Yes/No) _____

☐ Moving Violations ☐ Reckless Driving ☐ DUI ☐ License Suspension of Revocation

Details: _____

In the past 10 years used marijuana in any form? (Yes/No) _____
Still using? (Yes/No) _____ If Yes, How often? _____ In what form? _____
If quit, when? _____
Recreational or Medicinal? _____ If Medicinal, what is the medical reason? _____

_____

Additional Details: _____

_____

_____