

1	Name (first, middle, last):	_____				
2	Birthdate:	_____	Save age?	No	Yes	
3	Gender:	Male	Female			
4	Height:	_____				
5	Weight:	_____				
6	Social security #:	_____				
7	State of birth:	_____				
8	Home address:	_____				
10	Primary phone number:	_____				
11	Secondary phone number:	_____				
12	Email address:	_____				
13	Annual income:	_____				
14	Net worth:	_____				
15	When would you like to be contacted? (date/time):	_____				
16	Have you ever used any form of tobacco or nicotine based products?	No	Yes			
	If yes, when did you last use tobacco or nicotine based products? (month/year)	No	Yes			
17	Do you or have you ever consumed any type of alcoholic beverage?	No	Yes			
	If yes, do you have a history of alcohol abuse?	No	Yes			
	If yes, has there been any abuse in the last 10 years?	No	Yes			
18	Do you or have you ever used any types of illegal drugs?	No	Yes			
	If yes, has there been any abuse in the last 10 years?	No	Yes			
19	Have you had more than two moving violations in the past three years?	No	Yes			
20	Has any parent or sibling had a history of cardiovascular disease or cancer before age 60?	No	Yes			
	If yes, has either parent died as a result of cardiovascular disease or cancer before age 60?	No	Yes			
	If yes, have both parents died as a result of cardiovascular disease or cancer before age 60?	No	Yes			
21	Term period:	10 Year	15 Year	20 Year	25 Year	30 Year
22	Amount of life insurance:	\$250,000	\$500,000	\$1,000,000	\$1,500,000	Other: _____
23	Waiver of premium rider?	No	Yes			
24	Billing frequency:	Monthly(EFT)	Quarterly	Semi-Annual	Annual	
25	Do you have existing life insurance?	No	Yes			
	If yes, will this policy be replaced?	No	Yes			
26	What is the purpose of this insurance?	Income Replacement	Family Protection			
		Buy/Sell	Key Man	Other:	_____	
27	Policy Owner (if other than proposed insured)					
	a. Full legal name	_____				
	b. DOB	_____				
	c. Relationship	_____				
	d. Address	_____				
28	Primary Beneficiary	<u>Beneficiary #1</u>	<u>Beneficiary #2</u>	<u>Beneficiary #3</u>		
	a. Full legal name	_____	_____	_____		
	b. DOB	_____	_____	_____		
	c. Relationship	_____	_____	_____		
	d. Percentage of share	_____	_____	_____		
29	Contingent Beneficiary (optional)	<u>Contingent #1</u>	<u>Contingent #2</u>	<u>Contingent #3</u>		
	a. Full legal name	_____	_____	_____		
	b. DOB	_____	_____	_____		
	c. Relationship	_____	_____	_____		
	d. Percentage of share	_____	_____	_____		
Agent Information		<u>Primary Agent</u>			<u>Secondary Agent</u> (if split case)	
	a. Name	_____			_____	
	b. SSN	_____			_____	
	Broker contract number	_____			_____	
	Split % (if applicable)	_____			_____	