



INSURANCE QUESTIONNAIRE

CLIENT INFORMATION:

Full Name: _____

Driver's License # & State: _____ SSN# _____ - _____ - _____

Sex: F[] M[] Martial Status: Single[] Married[] Divorced[] Widowed[] Separated[]

Age: _____ DOB: ____/____/____ City of Birth (or Country outside of US): _____

Home Address: _____ # of years: _____

Previous Address: _____ # of years: _____

Current Employer: _____ Address: _____

List ALL Existing Life Insurance Policies:

<u>Company Name</u>	<u>Amount</u>	<u>Yr Issued</u>	<u>Type</u>	<u>To be Replaced Y/N</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Name & Relation of Policy Owner: _____

FAMILY INFORMATION:

Father's Age (or list deceased, age at death & cause): _____

Mother's Age (or list deceased, age at death & cause): _____

Sibling's Age (or list deceased, age at death & cause): _____

MEDICAL HISTORY:

Height: _____ Weight: _____

Family Physician (name/add/ph#): _____

Date Last Seen: _____ Reason: _____ Outcome: _____

Last Physician Seen (name/add/ph#): _____

Date Last Seen: _____ Reason: _____ Outcome: _____

List all medication currently taking (incl frequency & amount): _____

Do you now or have you ever had any medical problems/conditions needing treatment?: _____

If yes, for what (i.e. Diabetes, high blood pressure, heart, respiratory, etc.) _____

Have you ever been hospitalized? Y[] N[] If yes, when: _____

Reason: _____ Treatment received? _____