

INFORMAL INQUIRY



Agent Name _____ Phone _____ Email _____
Client Name _____ Date of Birth (mm/dd/yyyy) ____/____/____ Gender: ☐ Male ☐ Female State _____
Amount of Life Insurance Seeking \$ _____ Type: ☐ Term 10 ☐ 15 ☐ 20 ☐ 30 ☐ UL ☐ WL ☐ SUL
Height _____ Weight _____ Have you gained or lost more than 10 lbs. in the last 12 months? If so, how many lbs.? _____
Tobacco use in last five years: ☐ Yes ☐ No Type: ☐ Cigarettes ☐ Cigars ☐ Dip ☐ Chew Frequency _____ Date last used(mm/dd/yyyy) ____/____/____
Date of last physical: ____/____/____

MEDICATIONS	DOSAGE	DATE, DIAGNOSIS, HOW LONG TAKEN
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

MEDICAL CONDITIONS

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Alcohol Usage | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Atrial Fibrillations | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Marijuana Use | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other _____ |

List details to include date diagnosed, current condition and details of treatment for the above medical condition(s)

FAMILY HISTORY

	Age	Health*	Age at Death	Cause
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Siblings	_____	_____	_____	_____

*Indicate if any were diagnosed with cardiovascular disease or cancer prior to age 60

FOREIGN TRAVEL (planned travel in the next two years - where, when, why and how long)

- 1) _____
1) _____

Have you flown as a pilot or co-pilot in the last 5 years? _____ Pleasure or Business _____
Hours flown in last 12 months _____ Hours expected in last 12 months _____ Total Hours flown _____
Pilot licenses held _____ Type of Aircraft Flown _____

Have you scuba dived or participated in other HAZARDOUS SPORTS/HOBBIES in the last 5 years
(If so, please give details including the activity, maximum depth, duration, certifications and date last participated)

- 1) _____
2) _____

ANY SPEEDING TICKETS/ACCIDENTS or DUI / DWI IN LAST 5 YEARS? Provide approx. dates / details of each

- 1) _____
2) _____

Any other pertinent information including Doctor(s) contact information or additional remarks:
