



Life Insurance Questionnaire

Proposed Insured

Name: _____
Birthdate: _____
Sex: _____ Height: _____ Weight: _____

Tobacco use in the past 5 years? If you have stopped, when? (Amount and type)

Children to be covered:

Date of Birth	Sex
_____	_____
_____	_____
_____	_____
_____	_____

Spouse

(ONLY if they need coverage)

Name: _____
Birthdate: _____
Sex: _____ Height: _____ Weight: _____

Tobacco use in the last 5 years? If you have stopped, when? (amount and type)

Amount of coverage for:

Proposed Insured: _____
Spouse: _____
Children: _____

Medical/Health History: (Please indicate all conditions you are currently being treated for as well as all past medical conditions. This includes diagnosis, date of service and all **medications**.)

Family history of cancer or heart problems diagnosed or death before age 60: Y N
If yes, please explain:

**** PLEASE FILL OUT ALL INFORMATION REQUESTED AS ACCURATELY AS POSSIBLE. IF IN DOUBT, WRITE IT DOWN****

Thank you for taking the time to complete this information. If you have any questions, please give me a call. Completed forms may be faxed to me at 614-340-7955.