McQueen Kalligan
Insurance Services, LLC
An icon company

McQueen Kalligan Insurance Services
800-294-9936

Life Insurance

Fact Finder

Producer: _____ **Date:** _____

Name of Client: _____ **DOB:** _____ **State**:_____

___ Female ___Tobacco User Type of Tobacco/Nicotine: _____
___ Male ___ Non-Tobacco

Height: _____ Weight: _____ Annual Income: _____
Health History:
Does the applicant have any major health issues? (heart disease (BP/chol.), diabetes, cancers, depression/anxiety, etc.)
Details/Additional Information: _____
_____
_____

Medications:

1)	Dosage	4)	Dosage
2)	Dosage	5)	Dosage
3)	Dosage	6)	Dosage

Has the applicant used marijuana in the last 5 years? _____Yes _____No
Date of last use?_____
____Smoked ____Edibles ____Vaping
Frequency? _____ /month

Family History (Was there a parent who died before age 60?)
_____Yes Reason/Diagnosis _____ _____No

Driving History (Any violations or DUI's?)
_____Yes Violation: _____Date(s) _____
_____No

Avocations (Aviation, Climbing, Diving, Others)
Details_____
_____

Citizenship info and/or planned travel outside the US (Give details-country, how long, and reason)?
_____
_____

Does the client currently have a life policy _____Yes _____No
If yes, DB = _____ Type: _____Term _____Permanent

Design for New Coverage: Amount Needed _____

___Term # of Years: ___10 ___15 ___20 ___30
___Permanent ____GUL ____Fixed UL ____IUL

Additional Information:_____
_____
_____