



Life Insurance Fact Finder

Producer: _____ **Date:** _____

Name of Client: _____ **DOB:** ____/____/____

Female Tobacco User Type of Tobacco: _____
 Male Non-Tobacco

Height: _____ Weight: _____ Annual Income: _____

Health History:

Does the applicant have any major health issues? (heart disease(BP/chol), diabetes, cancers, 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? _____

Recreational

Smoked Edibles

Frequency? _____/month

Medicinal

Prescribed by Med Professional?

Underlying medical issue? _____

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

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:
