



# Life Insurance Fact Finder

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Client: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_

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       Medicinal  
 Smoked     Edibles     Vaping       Prescribed by Med Professional?  
Frequency? \_\_\_\_\_/month      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

Does applicant participate in any of these activities or avocations?     Scuba diving     Mt. Climbing  
 Skydiving     Race car driving     Aviation

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:

\_\_\_\_\_  
\_\_\_\_\_