

An **icon** company

## Life Insurance Fact Finder

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

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

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

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**State:** \_\_\_\_\_

Female  
 Male

Tobacco User  
 Non-Tobacco

Type of 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 \_\_\_\_\_  
2) \_\_\_\_\_ Dosage \_\_\_\_\_  
3) \_\_\_\_\_ Dosage \_\_\_\_\_

4) \_\_\_\_\_ Dosage \_\_\_\_\_  
5) \_\_\_\_\_ 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

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: