QUESTIONNAIRE

Rev. 2/9/16

PERSONAL INFORMATION: **DATE:** _____

Name: _____ Marital Status: _____ Maiden Name: _____

Date of Birth: _____ Birthplace (State): _____ Social Security #: _____

PRIMARY ADDRESS: _____
How long have you lived at this address? _____

OTHER ADDRESS: _____
How long have you lived at this address? _____

PHONE #'s: (Home):_____ (Office): _____

(Cell): _____ (Fax): _____

E-Mail: _____ Citizenship: _____

Driver's License No.: _____ State and Exp Date:_____

a. Within the past 3 years, have you been charged with 2 or more moving violations of any motor vehicle laws, or had your drivers license suspended or revoked? If yes, explain:

_____

Occupation/Title: _____

Name & Address of Employer: _____

Length of Time with Present Company: _____

Net Worth: _____ Earned Income: _____Unearned Income _____

Name & Address of Policy Owner (if other than yourself): _____

Date of Birth _____, Social Security No. (or Tax I.D. No. if a Business) _____

Relationship of Owner _____:

If a trust, please provide the following information:

Name of the trust: _____
Address:_____
Date of the trust: _____ Tax Id of the Trust: _____
Trustees: _____ Phone Numbers and Addresses of Trustees:

_____ _____

_____ _____

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Any other persons to have an authorized signature: _____

Name & Address of Beneficiary: (If more than one, include percentage to be left to each):

Name	Address	Primary or Contingent	Relationship	Tax ID

List all life insurance policies currently in force:

Insurance Co	Date of Policy	Face Amount

Have you ever sold a policy on your life to another person? If so, with whom?: _____

_____

Do you have disability or Long Term Care Insurance? _____

Type	Company	Monthly benefit amount	When Purchased:

Life Style:

Do you now, have you in the past 3 years, or do you plan to:

a. Fly an aircraft (i.e. airplane, glider, helicopter, balloon, ultra-lite) as a pilot, student pilot, or crew member? (If "yes", explain) _____

b. Fly as a passenger on other than commercial airlines? _____

c. Parachute, hang glide or sky dive; skin or scuba dive; race cars, boats or motorcycles? _____

Do you plan to live or travel outside the United States or Canada? If "yes", explain where, when and whether business or pleasure. _____

_____

Have you ever had an application for insurance declined, rated, postponed or modified in any way? If "yes", what company, what rating and why rated? _____

_____

Have you ever been paid any money by an insurance company or any other party for injuries, sickness or for any physical or mental disease or disorder? _____

_____

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MEDICAL INFORMATION:

Have you EVER smoked cigarettes? _____ If "Yes", do you still smoke? _____

How many per day? _____ If you quit, when? _____

Do you use any tobacco products or substitutes (cigars, chewing tobacco, pipe, vape etc.?)

_____

Do you consume any alcohol? If so, type, amount and frequency? _____

In the last 10 years, have you used cocaine, cannabis, barbiturates, amphetamines, heroin, narcotics, stimulants, hallucinogens or other controlled substances or habit forming drugs not prescribed by a physician? If so, type, frequency, date started, date last used? _____

Do you exercise regularly? If so, type and hours per week? _____

Current Height: _____ Current Weight: _____

Have you lost or gained more than 10 lbs in the past year? If "yes", please explain: _____

Name & Address of Personal Physician: _____

Date last seen?_____ What reason? _____

Do you have any significant health problems? If so, please explain:

_____

MEDICATIONS (Prescription and Over the Counter):

Name:	Dosage:	Frequency:

FAMILY HISTORY

Mother / Father	Age if alive	Current health	Age of death	Cause of Death

Brother or Sister	Age if alive	Current health	Age of death	Cause of Death

Five (5) Year Personal Physician List

(Confidential Information Used for Insurance Underwriting Only)

Please use this form to compile your information

Physician's Name	Specialty	Doctor's Address	Phone Number

OVERFLOW PAGE

Please use for any additional space required