



INFORMAL INQUIRY

Date: _____ Product Type: _____
Benefit Amount/Premium Requested: _____ List if other: _____

PERSONAL INFORMATION

Insured's Name: _____ Gender: M F Date of Birth: _____
SSN: _____ Driver's License #: _____
Birthplace (city, state): _____
Street Address/City/State/Zip Code: _____

Best contact phone number: _____ Email: _____
Employer Name: _____
Employer Address/City/State/Zip Code: _____
Occupation: _____ Annual Salary: _____
Duties: _____ Commission/Bonus: _____
Years in Occupation: _____ Unearned Income: _____
If less than 5 - Years in previous occupation _____ If Business Owner - Number of Employees _____
Assets: _____ Liabilities: _____ Net Worth: _____

LIFE INSURANCE CURRENTLY IN FORCE

Table with 5 columns: Type/Company, Year Issued, Face Amount/Cash Value, Replacement?, Policy Number

DI CURRENTLY IN FORCE

Table with 5 columns: Type/Company, Paid By, Benefit Period, Benefit Amount, Replacement?

Do you have any knowledge that an application or informal inquiry has been seen by any carriers within the last year? Yes No
Have you ever been declined or rated for Life, DI, or LTC in the past? Yes No

ACTIVITY/MEDICAL INFORMATION

Do you participate in any hazardous activities? (Flying, Scuba Diving, Mountain Climbing, etc.)

Do you have any plans for foreign travel? (Within next year - If yes, please advise when, where, purpose, how long)

Have you ever used any kind of tobacco or any other products containing nicotine? If yes, please advise what form was used, frequency, and date of discontinued use.

Have you had any moving violations in the last 5 years? If so, please list:



INFORMAL INQUIRY

Do you have a history of...

High Blood Pressure: Yes No If yes, list medications: _____

Heart Condition/Coronary Artery Disease: Yes No

Diabetes: Yes No If yes, list type: _____

Respiratory Disease: Yes No

Cancer: Yes No If yes, list type and diagnosis date: _____

Height: _____ Weight: _____

Do you exercise on a daily basis? Yes No If yes, how many hours per week? _____

Do you drink alcohol? Yes No If yes, frequency? _____

Have you ever been diagnosed with depression and/or anxiety? Yes No

Have you ever been diagnosed with anemia? Yes No

Please explain any answer provided above:

[Empty text box for explanation]

Please list any medical conditions not indicated above OR any reason for hospital visit within the last 10 years that was not broken bone or minor injury related:

[Empty text box for medical conditions]

MEDICATIONS

Name	Dosage	Length of Use	Reason for Use



INFORMAL INQUIRY

FAMILY MEDICAL HISTORY

Immediate Family Members	Age	Heart Disease? (Y or N)	Cancer (Y or N & Type)	Deceased
Mom				
Dad				

PHYSICIAN INFORMATION (All Physicians seen within the past five years)

Name: _____ Phone Number: _____

Address: _____

Date Last Seen: _____ Reason: _____

Name: _____ Phone Number: _____

Address: _____

Date Last Seen: _____ Reason: _____

Name: _____ Phone Number: _____

Address: _____

Date Last Seen: _____ Reason: _____

Name: _____ Phone Number: _____

Address: _____

Date Last Seen: _____ Reason: _____

BENEFICIARY INFORMATION

Name/Relationship	Date of Birth	Primary or Contingent?	Allocation Amount
Phone Number:	Mobile	Work	Home
Phone Number:	Mobile	Work	Home
Phone Number:	Mobile	Work	Home
Phone Number:	Mobile	Work	Home



INFORMAL INQUIRY

LTC SUPPLEMENT

Have you ever been diagnosed with Alzheimer's or Dementia? Yes No

Have you ever been tested for problems with memory? Yes No

Do you require assistance for walking: Yes No

Do you have a history of falls: Yes No

If yes, please explain: _____

Do you require assistance with daily chores? Yes No

Have you ever been declined or rated for LTC insurance? Yes No

Do you have a handicap permit? Yes No

Any surgery planned, scheduled, or recommended that has not been completed? Yes No

Osteoporosis? Yes No

Arthritis? Yes No If yes, where is it located? _____

NOTES: