

CORE Income Advisors, LLC

5940 Golden Hills Dr. Minneapolis, MN 55416 800.541.7713

PRELIMINARY INQUIRY (Confidential) - NOT an application for insurance

		AGE	ENT				
Agent Name:				Email:			
Phone #: Is bei				eY If yes, where? ped?N			
Is a Trial or Formal application pending or contemplated with any Insurance Company		es, what Compa	any(s)?				
		CLIE	NT				
PROPOSED INSURED'S FULL NAME SEX			DOB	HEIGHT	WEIGHT	SOCIAL SECURITY #	
PRESENT ADDRESS				PLACE OF BIRTH			
OCCUPATION				CONTACT PHONE NUMBER			
AVOC Scuba Diver Personal Aircraft Pilot Sky Diver Other, please list:	acer	TOBACCO USE WITHIN LAST FIVE YEARS Y If yes, what type? N					
		COVER	AGE				
MOUNT OF PROPOSED INSURANCE TYPE OF COV Individual Survivorship			TYPE OF PLAN Term UL WL VUL				
IS THIS A REPLACEMENT POLICY?YN If yes, please complete the following:							
COMPANY(S)	COVERAGE AMOUNT		ISSUE DATE	RATING	PLAN TYPE	SURRENDER VALUE	
HAVE YOU EVER BEEN DECLINED FOR COVERAGE OR BEEN RATED?Y N If yes, please complete the following:							
COMPANY(S)	DATE	RATING		REASON (please be specific)			
MEDICAL HISTORY							
PHYSICIANS AND/OR HOSPITALS CONSULTED Name: Address: Phone/Fax #:			CONDITIONS CONSULTED & TREATMENTS RECEIVED (if any)				
Name: Address: Phone/Fax #:							
Name: Address: Phone/Fax #:							
MEDICATIONS CURRENTLY PRESCRIBED 3) 2) 4)				1) 2)	DOS	3) 4)	
HAS A PARENT OR SIBLING HAD A HISTORY OF CANCER, DIABET Relation: Diagnosis:				HEART DISEASE, OR STROKE?YN Age Of Onset: Death:			
elation: Diagnosis:				Age Of Onset:		Death:	
Relation:	Diagnosis:			Age Of Onset	Age Of Onset: Death:		

CORE INCOME ADVISORS