

Agent Name: _____ Agent Email: _____ Agent Phone Number: _____

A PROPOSED INSURED INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____ Male Female
City: _____ State: _____ Zip: _____
How Long at Current Address? _____ Single Married Divorced Widowed
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Proposed Tele-Interview... Date: _____ Time: _____ AM PM
Email: _____ Height: _____ Weight: _____ Tobacco Use? _____ Type: _____
US Citizen? Yes No Birth Date: ____/____/____ Birth State / Country: _____
SSN: _____ DL#: _____ Expiration: _____
Employer: _____ Occupation: _____
Income: \$ _____ Household Income: _____ Net Worth: _____
Owner (if other than insured): _____ Relationship: _____
Purpose of Insurance: _____

B PROPOSED LIFE INSURANCE

Carrier: _____ Product: _____
Face Amount: \$ _____ Underwriting Class Quoted: _____
 Term Length of Term _____ UL IUL WL Survivorship
Payment: Monthly Quarterly Semi-Annual Annual Premium: \$ _____ monthly
Bank Name: _____ Routing #: _____ Account #: _____
Type of Account (Checking/Savings): _____ Preferred Date of Withdrawal: _____
 Waiver of premium Children Term Rider Children's Rider Face Amount: _____

C MEDICAL INFORMATION

Date of last appointment: _____ Reason for visit: _____
Diagnosis/treatment: _____
Doctor's Name: _____ Doctor's Phone Number: _____
Doctor's Address: _____

D BENEFICIARY INFORMATION

Beneficiary Name: _____ Social Security #: _____
Beneficiary Relationship: _____ Beneficiary DOB: _____ Beneficiary %: _____
Beneficiary Name: _____ Social Security #: _____
Beneficiary Relationship: _____ Beneficiary DOB: _____ Beneficiary %: _____

E REPLACEMENT QUESTIONS

Client have existing life insurance? Yes No

Is this replacing another policy? Yes No

Carrier: _____ Policy#: _____

Face Amount: _____ Term or Permanent Plan: _____

Please note this is a cheat sheet and not the actual application.