LIFE INSURANCE FACT FINDER

CONTACT
800.541.7713
coreincome.com

First Name, Last, MI _____ Phone _____ Email Address _____

Male/Female _____ Date of Birth ___/___/___

Spouse Name _____ Male/Female _____ Date of Birth ___/___/___

Child Name _____ Male/Female _____ Date of Birth ___/___/___

Child Name _____ Male/Female _____ Date of Birth ___/___/___

Child Name _____ Male/Female _____ Date of Birth ___/___/___

Amount of Life Insurance Protection Requested $_____ $_____ $_____

Purpose of Life Insurance:

- ☐ Family Protection
- ☐ Debt Protection
- ☐ Estate Planning
- ☐ Business Buy-Sell Funding
- ☐ Business Key Person Protection

RISK EVALUATION

Tobacco/Nicotine Use:

- ☐ Never used any Nicotine product or stopped more than 5 years ago
- ☐ Have Used Type: _____ How Often? _____
- ☐ Stopped Use How Long Ago? _____

Build: Height _____ Weight _____

Medical History:

Have any immediate family members died prior to age 61 of Cardiovascular Disease or Cancer?

☐ Yes ☒ No If Yes, Relation? _____ Age at Death _____ Cause of Death _____

If More than One, Provide Details of Each _____

List all medications you're currently taking _____

_____

_____

☐ Taking Blood Pressure Medication? If Know, Last BP Reading? _____

☐ Taking Cholesterol Medication? If Know, Last Cholesterol Reading? _____

Have you ever been told you had or have been treated for any of the conditions listed? If yes, check all that apply.

☐ Alcohol Abuse	☐ Depression/Anxiety	☐ Lupus
☐ Alzheimer's Disease	☐ Diabetes	☐ Multiple Sclerosis
☐ Asthma	☐ Drug Abuse	☐ Peripheral Vascular Disease
☐ Cancer	☐ Epilepsy	☐ Rheumatoid Arthritis
☐ Cirrhosis	☐ Heart Murmur	☐ Sleep Apnea
☐ COPD	☐ Hepatitis	☐ Stroke/TIA
☐ Coronary Artery Disease	☐ Irregular Heartbeat	☐ Neck, Back, Spine
☐ Crohn's Disease	☐ Kidney Disease	☐ Other

Details: Dates of onset, diagnosis, details of treatment: _____

_____

_____

_____

In the past 5 years have you participated in any of the following activities?

☐ Flying ☐ Scuba Diving ☐ Racing ☐ Rock Climbing ☐ Other

Citizenship

US Citizen? ☐ Yes ☒ No

If No, country of citizenship _____ Type & Date of Visa _____

Green Card? ☐ Yes ☒ No How long in the US? _____

Foreign Travel

Any plans to travel outside the US or Canada? ☐ Yes ☐ No

If yes, please list countries & cities you'll visit, duration of each, and purpose of travel _____

_____

In the past 10 years have you had any of the following motor vehicle related incidents?

☒ Moving Violation ☒ Reckless Driving ☒ DUI ☐ License Suspension or Revocation

In the past 10 years have used marijuana in any form? ☐ Yes ☒ No

If yes, still using? _____ In what form? _____ How often? _____

If quit, when? _____ Recreational or Medicinal? _____

If medicinal, what is the medical reason? _____

Additional Details

_____

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