

Life Insurance Questionnaire

Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Amount of Insurance to Be Quoted: _____

How long needed: 10 Years _____ 15 Years _____ 20 Years _____ For Life _____

Health Status: _____

Do you know your cholesterol level? If so, what is it? _____

Are you currently taking any prescription medication? If so, what? _____

Have you used nicotine at any time? _____

	Date Last Used
Cigarettes	_____
Cigars	_____
Chewing Tobacco	_____
Other	_____

Describe your foreign travel activities:

FAMILY HISTORY	If Living		If Deceased	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brother				
Sister				