

Life Insurance Proposal Request & Risk Evaluation

Agent Name _____ Contact Info _____

Client Name _____ Date of Birth _____ Female Male

Coverage Amount _____ Term: 10 15 20 25 30 ROP UL WL IUL VUL

Rate Class Requirements Best Class Preferred Std Plus Standard Other _____

State _____ Premium Mode _____ Riders _____

Client Objectives _____ Replacement Sale? _____

		Yes	No
1	Have you ever used any nicotine-based products? If Yes, date last used: Type & Frequency?		
2	Have you had more than 2 moving violations in the past 3 years or any DUIs?		
3	Has either parent or a sibling had a history of heart disease or cancer? Which family member, condition, age at diagnosis?		
4	Has either parent died prior to age 60 from heart disease or cancer? Which family member, condition, age at death?		
5	Have you been diagnosed and treated for heart disease, diabetes, or cancer (including skin cancer)? Any other medical conditions? If so, provide details including date of onset.		
6	Any in/out patient hospitalizations in the last 10 years? Dates and Reason		
7	Do you take any medications? Type & Reason?		
8	Foreign Travel: Have you traveled or intend to travel overseas? If yes, where and for how long?		
9	Avocations: Do you have any of the following hobbies? Aviation, scuba diving, race car driving		
10	Marijuana: Do you use marijuana or CBD? If yes, indicate frequency and date of last use: Check all that apply: Medicinal Recreational Inhaled Edible Topical CBD Only Other If medicinal, please provide the condition for which it is being prescribed:		
11	Date of last visit to your PCP (Personal Care Physician)? Reason and Outcome		
12	Height: Weight:		

Comments/Explanations/Other Requests: