



Applicant Information

Discount Questions

Driver's License	
Resident	
Bank or DE Card and SS Date?	

Personal Information

Name:	Dob:
Height/Weight:	SSN:
Address:	
Phone:	DL #: State: EXP:

Underwriting

Smoker or Non-Smoker	
Kidney Disease	
Liver Disease	
Heart Attack	
Stroke	
Cancer	
COPD	
Hospital Stay or Surgeries	

HIV/AIDS	
Hepatitis A/B/C	
Memory/Dementia	
Diabetes	
Bipolar/Schizophrenia	
Parkinsons	
Seizures/Epilepsy	
Inhalers	

Medications/Health Notes:

Drill Down Questions:

If Diabetic: If also taking Gabapentin, take a note. They likely have diabetic neuropathy.

If COPD: Do you use Oxygen?

If Heart Attack: Have you ever been prescribed Nitroglycerin? First/Last fill? Furosemide?

If HEP C: Treated or Untreated? If so, when? Date of original diagnosis? Cirrhosis?

If Pain Issues: Have you been prescribed any Opioids? (Methadone, Narcan, Naloxone, etc.)

Today's Date ____ - ____ - ____



Policy Review

Company:	Policy #:
Face Amount:	Premium:
Cash Value:	Issue Date:
RPU:	Loan:
Cost of Insurance (UL):	Future Premium (Term):

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Cost of Insurance (UL):	Future Premium (Term):

Physician's Info

Primary Doctor:	Hospital/Clinic:
Address:	
Phone:	Last Appt.

EFT/Auto Draft Info

Bank/Credit Union Name:	
Address:	
Routing #:	Account #:
SS Date:	Draft Date:

Beneficiary

Name:	DOB:	Relationship:
Name:	DOB:	Relationship:
Name:	DOB:	Relationship:

Notes

Today's Date ____ - ____ - ____