



## ***QUESTIONNAIRE FOR QUOTING LIFE INSURANCE***

### SECTION I. Personal Data Information

Name \_\_\_\_\_  
State of Residence \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Producer Name \_\_\_\_\_

### SECTION II. Policy Information

1. Type of policy, ie. Term, universal life \_\_\_\_\_
2. Amount of desired death benefit \_\_\_\_\_
3. Will the policy you are currently considering replace any other insurance policy?  YES  NO
4. Will a 1035 exchange be involved in this sale?  YES  NO  
(if yes please state the dollar amount of funds to be transferred) \_\_\_\_\_
5. Any preferred carrier(s)? \_\_\_\_\_

### SECTION III. Underwriting Information

1. In the last 3 years have you used any tobacco or nicotine products?  YES  NO
2. In the last five years have you or do you have plans to engage in any of the following:  
Pilot any type of aircraft, scuba diving, motor vehicle racing,  
live or travel outside of the United States or Canada  YES  NO
3. Did either of your parents or a sibling die prior to the age of 60 due to:  
Cancer, diabetes, heart disease, stroke, mental illness or suicide?  YES  NO
4. Are you currently seeking medical treatment or taking any prescription medication?  YES  NO

Remarks and Client Goals:

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