

# LIFE INSURANCE PRELIMINARY APPLICATION

PERSONAL INFORMATION				
Full Name of Applicant	Date of Birth / /	State of Birth	Gender <b>Male</b> <b>Female</b>	
Street Address	City	State	Zip	
Home Phone	Email			
Marital Status <b>Married</b> <b>Single</b> <b>Divorced</b> <b>Widowed</b>	US Citizen? <b>Yes</b> <b>No</b>	If no, do you hold a permanent Visa or Green card? <b>Yes</b> <b>No</b>		
Soc Sec #	Drivers License #	State of Issue	Expiration Date	

INSURANCE POLICY INFORMATION				
Insurance Company	Death Benefit	Term Period	ROP? <b>Yes</b> <b>No</b>	Child Rider? <b>Yes</b> <b>No</b>
Applicant or Spouse own any other Life Insurance? <b>Yes</b> <b>No</b>	If yes, how much? (Applicant)	Spouse	Will this replace other coverage? <b>Yes</b> <b>No</b>	
Current Company (applicant)	Year Issued	Policy #	Amount	Any other Life Insurance Applications Pending? <b>Yes</b> <b>No</b>
Primary Beneficiary Name	% of Benefit	Relationship	Date of Birth / /	
Beneficiary Name	<b>Primary</b> <b>Contingent</b>	% of Benefit	Relationship	Date of Birth / /
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FINANCIAL INFORMATION				
Occupation	Employer	Employer Phone #		
Employer Address	City	State	Zip	
Annual Income	Other Income	Total Assets (approx value)	Total Liabilities (approx)	Total Net Worth (approx)
Ever filed for bankruptcy? <b>Yes</b> <b>No</b>	Type (if applicable)	Date Discharged (if applicable)		

HEALTH INFORMATION				
Height (ft/in) <b>Ft.</b> <b>In.</b>	Weight (lbs)	Do you now, or have you ever used tobacco? <b>Yes</b> <b>No</b>	If yes, provide details (type, frequency, date quit, etc.)	
Current Medications (if applicable)	Physician Name		Physician Phone	
Physician Address	City	State	Zip	
Details of any immediate family member's death before age 60 (if applicable)				
Detail of any pending or recommended surgery that has not been completed (if applicable)				
Special instructions/notes/questions/etc.				

RISK INFORMATION
Details of any ins. application that was declined, postponed, or modified in any way (if applicable)
Details of any disability benefits rec'd for any injury, sickness or impaired condition (if applicable)
Details of hazardous activities (airline pilot, rock climbing, motor vehicle racing, etc) if applicable
Details of speeding tickets, license suspension, DWI or license revocation (if applicable)
Details of planned travel outside of the U.S. (if applicable)
Details of active military/naval service (if applicable)
Details of any felony charges or convictions (if applicable)