



Life Insurance Questions:

Legal Name: _____

Date of birth: _____

Email: _____

Phone number: _____

Address: _____

- Approximate height
- Approximate weight
- Any health issues in the past 3 years?
- Do you take any prescription medications on a regular basis?
- If so, for what?
- What is the mg? How many times per day?
- Hospitalizations and reason (surgery)
- Are you a Smoker, Non-Smoker or Vape?
- How much coverage were you looking to get?
- Coverage amount:
- Permanent or Term?
- Beneficiary(s) full name and birth date

Notes: _____
