



Customized Health and Medicare Plans

Formerly 

Life Quote Questionnaire

Life insurance cost is based on your age, tobacco use, health, family history, and lifestyle activities.

Prior to providing you with life insurance cost, we need to gather some basic information.

Completing this form will help us through the pre-qualification process.

Name: _____ Phone: _____ Email: _____

DOB: ___/___/___ Gender: ___M or ___F

Benefit Amount(s): _____ Premium Range: _____ Type of coverage: _____

Height: _____ Weight: _____ Occupation: _____ Current income: _____

Are you client a U.S. Citizen? _____ If no, explain. _____

Have you ever used any form of nicotine products? _____ If so what type? _____

Have you stopped using nicotine products? _____ If so, when? _____

Do you have any traffic violations in the past 5 years? _____ If so, what and when: _____

Any death in the family, parents or siblings, due to cancer or heart disease prior to age 60? _____

If so, who and why? _____

Have you been hospitalized in the past 5 years? _____ If so, when, why and what was the outcome: _____

When was your last doctor visit? _____ Reason and outcome: _____

Are you on any medications? Please include the type, purpose, frequency and dosage: _____

Is there any additional history of illness? Provide date and treatment: _____

Any foreign travel plans? _____ If so, where, why and how long: _____

Do you participate in any hazardous activities like piloting a plane, scuba diving, racing, mountain climbing, etc. If so which and how often? _____