



Life Insurance Quote Fact-finder

Name: _____

Date of Birth: _____

Height and Weight: _____

Ever used any form of tobacco? ___ Yes ___ No. If yes, date of last use _____

If yes, type and quantity used (i.e. cigars) _____

Cardiovascular death in either parent prior to age 60? ___ Yes ___ No Onset Age:

Cancer death in either parent prior to age 60? ___ Yes ___ No

Cholesterol reading, if known: _____

Blood pressure reading, if known: _____

Are you currently on any medication, or are you currently being treated for any

Medical condition? ___ Yes ___ No

If yes, please provide details _____

In the past 10 years, have you been treated for cancer, diabetes, heart disease,
Drug abuse, alcohol abuse, or any other "major" medical condition? ___ Yes ___ No

If yes, please detail _____

Do you have any major moving violations in the last five years such as DWI? ___ Yes ___ No

Do you take part in flying as a private pilot, skydiving, scuba diving, racing, or other
hazardous activity? ___ Yes ___ No