



LIFE PRE-QUALIFICATION FORM

Personal Background Information

Proposed Insured: _____ Date of Birth: ___/___/___
 Gender: M F Social Security #: _____ Contact #: _____
 Address: _____ City: _____ Zip Code: _____
 Marital Status: Single Married Widowed Divorced Birth Place: _____
 Driver's License: _____ State of Issue: _____ Height: _____ Weight: _____
 US Citizen: Y N Green Card #: _____ Date of Entry: ___/___/___
 Occupation: _____ Job Start Date: ___/___/___ Employer: _____
 Job Duties: _____ Duration in Job: _____
 Personal Income: Annual: \$ _____ Household: \$ _____ Net Worth: _____
 Email Address: _____ Smoker: Y N Freq: _____

Beneficiaries Information

| Name: | Relationship: | Date of Birth: | Social Security # | % Share |
|-------|---------------|----------------|-------------------|---------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Additional Information

If policy owner is other than insured:

Owner Name: _____ Social Security #: _____
 Relationship to insured: _____ Driver's License #: _____
 Address: _____ Date of Birth: ___/___/___

Do you have an existing life insurance policy? Y N Company Name (if yes): _____
 Amount: _____ Issue Date: ___/___/___ Policy #: _____ For Replacement: Y N

Physician's Name: _____ Telephone #: _____
 Address: _____ Zip Code: _____

Bank Account #: _____ Routing #: _____ Bank Name: _____
 Payment Mode: Monthly Quarterly Semi-Annually Annually
 Plan Name: _____ Face Amount: \$ _____ Premium: \$ _____ Rate: _____
 Preferable Lab Dates/Times: _____ Paramedical Exam Ordered? _____

Client Signature: _____ Agent Signature: _____

Background Information

| Questions | Yes | No |
|---|-----|----|
| Does Proposed Insured intend to travel/reside outside the US in the next two years? | | |
| In the past 5 yrs, has Proposed Insured flown as a pilot, student pilot or crew member of any aircraft, or have any intention to do so in the next two years? | | |
| In the past 5 yrs, has Proposed Insured engaged in motor sports or racing (auto, motorcycle, boat, etc.); rock/mountain climbing; skin/scuba diving; aeronautics (hang-gliding, sky diving, parachuting, ultra-light, soaring, ballooning,) or intend to do so in the next 2 yrs? | | |
| In the next 2 yrs does Proposed Insured plan to participate in other sports/activities: Cave Exploration, Sky Diving, Hang Gliding, Parachuting, Mountain/Rock Climbing, Hot-Air Ballooning, Base or Bungee Jumping, Extreme Sports or Rodeo? | | |
| Has Proposed Insured ever had an application for insurance modified, rated, declined, postponed or withdrawn? | | |
| Has Proposed Insured ever filed for bankruptcy, or have the intention to seek bankruptcy protection within the next 12 months? | | |
| In the past five years, has Proposed Insured pled guilty or been convicted of any driving violations to include driving under the influence of alcohol or drugs? | | |
| Has PI ever been convicted of, or currently charged with, a felony or misdemeanor? | | |
| Is Proposed Insured an active duty service member of the U.S. Armed Forces? | | |
| Is there an intention that any party, other than listed Owner or Beneficiary, will obtain any right, title, or interest in any policy issued on the life of Proposed Insured as a result of this application? | | |
| Does the Owner or Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement? | | |
| Is the Owner, Proposed Insured, or any person or entity, being paid (cash, services, etc.) as an incentive to enter into this transaction? | | |
| Has the Proposed Insured ever used any form of tobacco or nicotine products? | | |
| If applicant is not self-supporting, or is a minor: How much existing/pending coverage on: Father _____ Mother _____ Siblings _____ | | |
| (If any answers to the following questions are "yes", no payment can be made at this time. However, you may still collect bank account/routing number to be drafted after approval of the case): | | |
| Has Proposed Insured ever been diagnosed with, suffered, or sought treatment for: heart attack; stroke; coronary artery disease or other heart disease; cancer; diabetes; or disorder of the immune system, (excluding HIV tests), including but not limited to AIDS? | | |
| Has Proposed Insured, during the last 2 yrs: (1) been confined in a hospital or health care facility (except for childbirth without complications); (2) received medical treatment or counseling for alcohol or drug use; or (3) been advised to have any diagnostic test (excluding HIV tests) or surgery not yet performed? | | |
| Is any Proposed Insured either less than 14 days old or over age 70 1/2? | | |