

GENERAL APPLICATION FACT FINDER

NAME

GENDER:

ADDRESS:

YEARS IN RESIDENCE:

TELEPHONE:

DATE OF BIRTH:

SS #

PLACE OF BIRTH:

US CITIZEN:

OCCUPATION:

MARITAL STATUS:

NAME/ADDRESS OF EMPLOYER:

TELEPHONE:

HOW LONG/DUTIES:

DRIVER'S LICENSE NUMBER/STATE OF ISSUE:

ESTIMATED EARNED INCOME:

ESTIMATED NET WORTH:

LIFE INSURANCE IN FORCE:

WILL ANY INSURANCE BE REPLACED:

if yes, provide details.

WILL COVERAGE BE OWNED BY INSURED:
relationship and contact information

if not, provide owner

Name:

continued from page 1

TOBACCO HISTORY:

Have you ever used tobacco/nicotine products in any form including cigarettes, cigars, pipe, chewing tobacco, nicotine patches or gum?

If yes provide details as follows:

Type _____ Frequency of Use _____ Date Last Used _____

LIFESTYLE HISTORY:

Are you or do you intend to become a member of the armed forces including reserves:

Do you intend on traveling outside US or Canada, within next 12 months:

If yes, provide details:

Have you been convicted of any moving violations (other than parking tickets) including DUI within the last 10 years:

If yes, provide details:

Have you every filed for Bankruptcy:

If yes, date of discharge or resolution:

Do you engage in any hazardous activities such as hang-gliding, scuba or sky diving, climbing, racing, etc:

If yes, provide details:

Do you intend to fly in an airplane (other than as a passenger in a commercial flight) as pilot, student pilot or crew member in any way:

If yes, provide details:

Do you consume alcohol:

If yes, type: frequency:

Name:

continued from page 2

MEDICAL HISTORY:

Are you in good health?

Do you have any physical impairments:

If yes, provide details:

List all current medications:

Primary Physician:

Address:

Telephone:

Date last consulted:

Reason:

Results:

Have you ever been diagnosed with cancer, heart disease, or diabetes:

If yes, provide details:

Have you ever been diagnosed with any disease of the lungs, heart, nervous system, digestive system, skin, reproductive system, muscular/skeletal system, endocrine system, urinary system or any other disease, illness or injury?

If yes, provide details:

Have you ever tested positive for HIV/AIDS virus or been diagnosed with an immune deficiency:

If yes, provide details:

Family History:

Age of Parents if living:

If deceased, date/cause of death:

Ages of Siblings if living:

If deceased, date/cause of death:

Have any immediate family members died from or been diagnosed with heart disease, polycystic kidney disease or cancer prior to age 60:

Have you ever been advised to or currently have scheduled any surgical procedure not noted above:

If yes, provide details

Name:

continued from page 3

ADDITIONAL NOTES

DATE INFORMATION GATHERED: _____

