

INFORMAL INQUIRY

NOT AN APPLICATION FOR LIFE INSURANCE

APPLICANT INFORMATION

| | | | | | |
|--------------------------|--------------|--------------------|--|-----------------|--------|
| Name | | Date | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Height | Weight |
| Address | | | City, State, Zip | | |
| Daytime Telephone Number | | | Evening Telephone Number | | |
| Face Amount | Product Type | Income | Net Worth | Date of Birth | |
| Producer Name | | Producer Telephone | | Producer E-mail | |

INSURANCE CURRENTLY IN FORCE

| Insurance Company | Personal or Business | Year Issued | Face Amount | Replace? |
|-------------------|----------------------|-------------|-------------|----------|
| | | | | |
| | | | | |
| | | | | |

Do you have plans for foreign travel? Yes No
 If yes: where, when, why, and how long: _____

Have you ever used any kind of tobacco or any other nicotine products? Date last used: _____
 Cigarette Pipe Nicotine gum/patch Cigar (how many per year __) Chew

Do you have any knowledge that an application or informal inquiry has been seen by any carriers within the last year? Yes No
 If so please list name of carrier, offer or declined: _____

APPLICANT MEDICAL INFORMATION

| Do you have a History of | Yes | No | Do you have a history of | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | Cerebrovascular Accident/TIA | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart condition/Coronary Artery disease | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart attack | <input type="checkbox"/> | <input type="checkbox"/> | Human Immunodeficiency Virus (HIV) infections | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Acquired Immunodeficiency Syndrome (Aids) | <input type="checkbox"/> | <input type="checkbox"/> |
| COPD | <input type="checkbox"/> | <input type="checkbox"/> | High Cholesterol | <input type="checkbox"/> | <input type="checkbox"/> |

CANCER: Have you ever been diagnosed with cancer? Yes No If yes, when? _____
 Location: _____ what stage? _____
 Was there a biopsy? Yes No Radiation of chemotherapy dates: _____
 What physician would have the pathology report? _____

DIABETES: Have you been diagnosed with diabetes? Yes No If yes, at what age? _____
 Current therapy and doses: Diet only Insulin Oral medication _____

Have your parents or siblings ever had cancer, diabetes, or heart disease? Yes No
 Did any die prior to age 60 due to any of these conditions? Yes No

Additional Medical Information and Medications (please include dates for medical information and dosage for medication):

PHYSICIAN INFORMATION: Please list all physicians seen within the past ten (10) years:
 Name: _____ Phone: _____
 Address: _____
 Date Last Seen: _____ Reason: _____
 Name: _____ Phone: _____
 Address: _____
 Date Last Seen: _____ Reason: _____

Insured Net Worth Statement

Assets

| | |
|-----------------------|----------|
| Residence | \$ _____ |
| Real Estate | \$ _____ |
| Business Interest | \$ _____ |
| Partnership Interest | \$ _____ |
| Cash | \$ _____ |
| Marketable Securities | \$ _____ |
| Collectibles | \$ _____ |
| Other | \$ _____ |
| Qualified Plan Assets | \$ _____ |

Total Assets \$ _____

Liabilities

| | |
|---------------|----------|
| Mortgage | \$ _____ |
| Personal Debt | \$ _____ |
| Business Debt | \$ _____ |
| Other | \$ _____ |

Total Liabilities \$ _____

Net Worth (Assets – Liabilities) \$ _____

Annual Earned Income \$ _____

Annual Unearned Income \$ _____

CONFIDENTIAL

Premium Finance Information

Type of loan applying for:

Traditional fully collateralized _____
Hybrid reduced collateral _____

Duration of loan term:

2-5 years _____
5-10 years _____
10 years + _____
For life _____

Interest Payments

Deferred _____ If yes, for how many years (typically 10 max)? _____
Upfront _____
Arrears _____

Type of Collateral

Cash or Equivalent (CD, money market, etc.) _____
Marketable Securities (i.e. stocks, bonds, etc.) _____
Letter of Credit _____
Personal Guarantee (available with Hybrid programs) _____

Insured Family Information

Spouse _____
Children _____ If yes, how many _____
Grandchildren _____ If yes, how many _____

Other Questions

Is insured's lifetime gifting exemption intact? _____ If no, how much is left? _____
Has the insured ever financed a policy before? _____ If yes, please provide details:

**Are there any other details, needs, considerations, etc that would be relevant to the insured's situation?
If so, please provide additional information below:**
