

DRIVING

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. In the past 5 years, has client's drivers license been suspended or revoked? No Yes; please give details

2. In the past 5 years, has client been convicted of, or pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs? No Yes; please give details

3. What is applicant's occupation? _____

4. Is applicant married? No Yes

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ **Date:** _____
 Male Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

Parent

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Brother

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

Sister

Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
