



Client Qualification Information

General Information

Client

Name _____
Birthday _____ Age _____
Height _____ Weight _____
Smoker _____

Spouse/Other

Name _____
Birthday _____ Age _____
Height _____ Weight _____
Smoker _____

Medical Problems

(High Blood Pressure, Heart Attack, Stroke, Cancer, Diabetes, High Cholesterol, COPD, DUI/Substance Abuse, Any Surgeries or Diseases, Accidents in the Past 10 Years)

Client

Spouse/Other

Medications

Client

Spouse/Other

Mortgage Information

Loan Amount _____
Mortgage Term _____

Lender _____
Monthly Payment _____

Miscellaneous

Client

Occupation _____
Schedule _____

Spouse/Other

Occupation _____
Schedule _____

Do you currently have life insurance? Yes No Yes No
If yes, how much coverage? _____ Price/mo _____ How much coverage? _____ Price _____

Beneficiary Full Name & Relationship _____

Do you have children? Yes No If yes, their ages _____

Appointment Date & Time _____

Directions to Home _____

What do you want this coverage to do for you? What made you want to call in to our office / submit a request online / mail in the letter or postcard?