

MAD INSURANCE LIFE INSURANCE QUESTIONNAIRE

Preliminary Inquiry—Not an application for life insurance.

To help you obtain competitive life insurance quotes, please provide information on your medical history, doctors and other factors that may impact underwriting. This preliminary inquiry is not an actual application for insurance and does not guarantee any coverage will be offered. This information is held confidential and released only to parties named below.

PERSONAL INFORMATION					
Producer Name:					Date:
Client Name: First		Middle Initial		Last	SSN
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		Citizenship		Driver's License Info: State:	#
Present Address:			City:		State: Zip:
Proposed Amount of Insurance:		Purpose of Insurance:		Plan: <input type="checkbox"/> Term <input type="checkbox"/> Universal Life	Type:
		<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Whole Life <input type="checkbox"/> Survivorship	<input type="checkbox"/> Fixed <input type="checkbox"/> Index <input type="checkbox"/> Variable
Occupation, Type of Business, Position:			Average Annual Income:		Net Worth:

EXISTING INSURANCE COVERAGE			
What is the total amount of life insurance on your life (including any provided by your employer)?			
Company Name	Death Benefit	Year Issued	Beneficiary
Will the insurance being applied for replace, change or affect any of the insurance noted above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which policies?			
Do you have any other pending (or anticipated) applications for life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide insurance company name, face amount, date of application:			
Have you had a life insurance application declined, rated, postponed, withdrawn, modified, canceled, or not renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list date and reason:			

TOBACCO USE	
Have you ever used any form of tobacco or nicotine products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type and quantity used <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars/Cigarillos <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless	
<input type="checkbox"/> Nicotine delivery systems (including gums, inhalers, lozenges, patches, wafers, etc.)	
If yes, are you a current user? <input type="checkbox"/> Yes <input type="checkbox"/> No use <input type="checkbox"/> If no, date of last use:	