

Please provide the following information to complete your life insurance e-app

Upon completion fax to 260-486-2495 or email to David@InsureSmart.biz

**Personal Information**

Height: \_\_\_ FT \_\_\_ Inches Weight: \_\_\_\_\_

General Health: Excellent \_\_\_ Good: \_\_\_ Average: \_\_\_ Poor: \_\_\_

Location of Birth if other than Indiana? \_\_\_\_\_

Best time \_\_\_\_\_ and phone number: \_\_\_\_\_ to reach you to schedule exam

**Employer**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Length of Employment: \_\_\_ Ann Income: \_\_\_\_\_ Approx Net Worth: \_\_\_\_\_

**Beneficiaries**

Primary (if other than spouse - we need name and relationship) \_\_\_\_\_

Contingent (assumes primary beneficiary is deceased - typically children)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Share: \_\_\_\_\_

**Current Insurance Coverage**

Benefit Amount: \_\_\_\_\_ Insurance Company (unless through work): \_\_\_\_\_

Benefit Amount: \_\_\_\_\_ Insurance Company (unless through work): \_\_\_\_\_

**Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

THANK YOU!

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NON-MEDICAL QUESTIONS (yes or no questions)

1. Has the Proposed Insured

(a) Applied for or received disability benefits in the last 5 years? \_\_\_\_\_

(b) Applied for life or health insurance that was declined, postponed, or modified, or had reinstatement of an insurance policy denied? \_\_\_\_\_

(c) Flown as a pilot or crew member within the last 2 years, or does the Proposed Insured intend to do so in the future? \_\_\_\_\_ (If yes, complete Aviation Questionnaire.)

(d) Had more than 2 moving motor vehicle violations in the last 3 years? \_\_\_\_\_

(e) Had his or her driver's license in a state of revocation, restriction, or suspension or had a driving while intoxicated or driving under the influence of alcohol or drugs violation in the last 5 years? \_\_\_\_\_

(f) Engaged in scuba diving, auto or motorcycle racing, rock or mountain climbing, ultra light flying, hang gliding, or sky diving in the last 2 years, or does the Proposed Insured intend to do so in the future? \_\_\_\_\_ (If yes, complete appropriate questionnaire(s).)

(g) Traveled outside the United States or Canada in the last 2 years, or does the Proposed Insured intend to do so in the next 2 years? \_\_\_\_\_ (If yes, complete Foreign Travel Questionnaire.)

(h) Been put on alert for or had active duty military service outside the United States or Canada within the last 2 years? \_\_\_\_\_ (If yes, list countries and complete Military Questionnaire.)

(i) Been convicted, charged with, pleaded guilty or placed on probation or parole for the commission of any criminal offense in the last 10 years other than a motor vehicle violation? \_\_\_\_\_

(j) Intended for any party other than the owner to obtain any right, title, or interest in any policy issued on the life of the Proposed Insured as a result of this application? \_\_\_\_\_

2. Is the Proposed Insured a US or Canadian citizen or a permanent US resident? \_\_\_\_\_

3. Tobacco and Nicotine Use

Have you ever smoked cigarettes (including Electronic cigarettes)? \_\_\_\_\_

Have you ever used smokeless tobacco? \_\_\_\_\_

Have you ever used tobacco or nicotine dispensing products in any form other than already noted including but not limited to pipe, cigar, hookah smoking or nicotine gum/patches? \_\_\_\_\_

If yes to any of above date last used \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

THANK YOU!

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