LIFE INSURANCE WORKSHEET

This is a fillable form. If you fill it out electronically - save the file and return it by email.
If you print it out and fill it out manually - scan it and return it by email or fax to 503-467-5567

First Name	M.I.	Last Name	Gender	Birth Date

Birth Place (city & state)	Social Security #	Drivers License #	Marital Status	Occupation & Duties

Earned Income (salary, bonus & share of business profit)	Other Income (rent, dividends, capital gains etc.)	Net Worth Including Business Value	Personal Liabilities

Home Address (street, city, state & zip)	Years at Address	Home Phone	Cell Phone
Business Name & Address (street, city, state & zip)	**Years w/employer**	**Business Phone**	**Fax**

Email Address:	

EXISTING LIFE INSURANCE POLICIES					
Company	**Policy #**	**Issue Year**	**Beneficiary**	**Death Benefit**	**Replace?**
					❑ Yes ❑ No
					❑ Yes ❑ No
					❑ Yes ❑ No

1. Height: _____ Weight: _____	
2. Latest cholesterol readings (if known) Total: _____ LDL: _____ HDL: _____	
3. Latest blood pressure reading (if known): _____ / _____	
4. Have you ever smoked cigarettes or used other nicotine products?	❑ Yes ❑ No
If so, type of nicotine: _____ When did you quit? _____	
5. Have you applied for insurance in the past year?	❑ Yes ❑ No
6. Have you ever been declined or rated for insurance?	❑ Yes ❑ No
7. Have you been convicted of any moving violations or DUI in the past 5 years?	❑ Yes ❑ No
Details: _____	
8. Have you ever filed for bankruptcy?	❑ Yes ❑ No
9. Have you ever been convicted of a felony?	❑ Yes ❑ No
10. Have you ever requested or received a pension, benefits or payments because of an injury, sickness or disability?	❑ Yes ❑ No
11. Have you ever received treatment in relation to alcoholism, use of alcohol or controlled substance?	❑ Yes ❑ No
12. Have you ever used barbiturates, narcotics, cocaine or other controlled substance not prescribed by a physician?	❑ Yes ❑ No
13. Do you participate in racing (car, snow mobile, motorcycle, boat), scuba diving, hang gliding, mountain or rock climbing?	❑ Yes ❑ No
14. Do you intend to travel outside of the U.S. or Canada in the next 2 years?	❑ Yes ❑ No
If yes, please provide destination, departure date & return date: _____	
15. Do you fly airplanes?	❑ Yes ❑ No
If yes, Instrument rated: ❑Yes ❑No # of total solo hours: _____ Avg annual solo hours: _____	
16. Do you regularly exercise 3 or more times per week?	❑ Yes ❑ No
If yes, what types of exercise:_____	

17. Check each condition that applies to your medical history over the **past 10 years**:

- ❑ Alcoholism
- ❑ Alzheimer's
- ❑ Anxiety or Depression
- ❑ Artery (coronary) Disease
- ❑ Asthma
- ❑ Cancer (skin only)
- ❑ Cancer (other than skin)
- ❑ Colitis
- ❑ COPD
- ❑ Crohn's disease
- ❑ Diabetes
- ❑ Drug abuse or addiction
- ❑ Emphysema
- ❑ Epilepsy
- ❑ Heart Attack
- ❑ Heart Disorders
- ❑ High blood pressure
- ❑ High Cholesterol
- ❑ HIV
- ❑ Leukemia
- ❑ Liver Disease
- ❑ Mental Illness
- ❑ Multiple Sclerosis
- ❑ Recurrent Kidney Stones
- ❑ Parkinson's Disease
- ❑ Prostate Disorders
- ❑ Stroke
- ❑ Rheumatoid Arthritis
- ❑ Sleep Apnea
- ❑ Vascular Disease
- ❑ Other _____

18. Please list all medications currently prescribed.

Prescription	Dosage	Frequency	Reason

19. Please list the following information regarding your personal physician, specialists & hospital visits:

Name	Address & Phone Number	Date Last Seen	Reason & Treatment

20. In the **past 5 years** have you been medically advised to have surgery or tests that have not been completed? ❑ Yes ❑ No

21. In the **past 10 years** have you been hospitalized, treated or consulted by the medical profession **for any other reason not already disclosed**? ❑ Yes ❑ No
If yes, describe: _____

22. Family medical history:

	Age If Living	Age at Death	Heart Disease History?	Cancer History?
Father	_____	___ cause _____	❑ No ❑ Yes age onset _____	❑ No ❑ Yes age onset ___ Type_____
Mother	_____	___ cause _____	❑ No ❑ Yes, age onset _____	❑ No ❑ Yes age onset ___ Type_____
Sibling	_____	___ cause _____	❑ No ❑ Yes, age onset _____	❑ No ❑ Yes age onset ___ Type_____
Sibling	_____	___ cause _____	❑ No ❑ Yes, age onset _____	❑ No ❑ Yes age onset ___ Type_____

Please provide details regarding any "Yes" answers and applicable medical conditions:

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