

LIFE INSURANCE FACT FINDER

CONTACT
800.541.7713
coreincome.com

First Name, Last, MI

Phone

Email Address

Male/Female

Date of Birth

Spouse Name

Male/Female

Date of Birth

Child Name

Male/Female

Date of Birth

Child Name

Male/Female

Date of Birth

Child Name

Male/Female

Date of Birth

Amount of Life Insurance Protection Requested \$ _____ \$ _____ \$ _____

Purpose of Life Insurance:

- ☐ Family Protection ☐ Debt Protection ☐ Estate Planning ☐ Business Buy-Sell Funding
☐ Business Key Person Protection

RISK EVALUATION

Tobacco/Nicotine Use:

- ☐ Never used any Nicotine product or stopped more than 5 years ago
☐ Have Used Type: _____ How Often? _____
☐ Stopped Use How Long Ago? _____

Build: Height _____ Weight _____

Medical History:

Have any immediate family members died prior to age 61 of Cardiovascular Disease or Cancer?

☐ Yes ☐ No If Yes, Relation? _____ Age at Death _____ Cause of Death _____

If More than One, Provide Details of Each _____



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List all medications you're currently taking _____

☐ Taking Blood Pressure Medication? If Know, Last BP Reading? _____

☐ Taking Cholesterol Medication? If Know, Last Cholesterol Reading? _____

Have you ever been told you had or have been treated for any of the conditions listed? If yes, check all that apply.

☐ Alcohol Abuse

☐ Depression/Anxiety

☐ Lupus

☐ Alzheimer's Disease

☐ Diabetes

☐ Multiple Sclerosis

☐ Asthma

☐ Drug Abuse

☐ Peripheral Vascular Disease

☐ Cancer

☐ Epilepsy

☐ Rheumatoid Arthritis

☐ Cirrhosis

☐ Heart Murmur

☐ Sleep Apnea

☐ COPD

☐ Hepatitis

☐ Stroke/TIA

☐ Coronary Artery Disease

☐ Irregular Heartbeat

☐ Neck, Back, Spine

☐ Crohn's Disease

☐ Kidney Disease

☐ Other

Details: Dates of onset, diagnosis, details of treatment: _____

In the past 5 years have you participated in any of the following activities?

☐ Flying ☐ Scuba Diving ☐ Racing ☐ Rock Climbing ☐ Other

Citizenship

US Citizen? ☐ Yes ☐ No

If No, country of citizenship _____ Type & Date of Visa _____

Green Card? ☐ Yes ☐ No How long in the US? _____

Foreign Travel

Any plans to travel outside the US or Canada? ☐ Yes ☐ No

If yes, please list countries & cities you'll visit, duration of each, and purpose of travel _____

In the past 10 years have you had any of the following motor vehicle related incidents?

☐ Moving Violation ☐ Reckless Driving ☐ DUI ☐ License Suspension or Revocation

In the past 10 years have used marijuana in any form? ☐ Yes ☐ No

If yes, still using? _____ In what form? _____ How often? _____

If quit, when? _____ Recreational or Medicinal? _____

If medicinal, what is the medical reason? _____

Additional Details

