

Life Insurance Proposal Request Form

Agent Name: _____
 Delivery Preference: Fax Email Pick Up Mail
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Policy Issue State: _____
 Prospect Name: _____ M F D.O.B: _____ Height : _____ Weight: _____
 Tobacco Use: What Form: _____ How Often or Many: _____ Years Quit: _____
 Face Amount: _____ Term: _____ Yrs Universal: _____
 Yrs to Pay: _____ Last to Die: _____ Whole Life: _____ Other: _____
 Special Requests: _____

(Only If Quoting Survivorship)

Spouse Name: _____ DOB: _____ Height: _____ Weight: _____
 Tobacco Use: What Form: _____ How Often or Many: _____ Years Quit: _____
 Underwriting Info (Please indicate H or W for all info for survivorship)
 Cholesterol Levels: _____ HDL Levels: _____
 List significant medical history including hospitalization, diagnosis and treatment.

Medications Taken and Dosage:

List parents or siblings diagnosed, treated or deceased from medical conditions (with ages):

Previous Rejections and Offers:

Please ask if diagnosed or treated for any impairment listed below

If prospect answers "yes" to any of the impairments listed below, please request a Complete Evaluator form from I.S.G.

- Alcoholism •Lupus •Neurogenic bladder •Lou Gehrig's disease •Kidney Failure •Diabetes •Alzheimer's •Memory Loss •Organ transplant •Aneurysm •Epilepsy •Carotid artery disease •Cerebral vascular disease •Multiple Sclerosis •Osteoporosis with Confusion/disorientation •Arthritis (prescription drugs) •Parkinson's disease •Organic brain syndrome •Heart Attack •Peripheral neuropathy •Dementia •Senility •Cancer •Congestive heart failure •Stroke •Depression •Spine/back disorder •Chronic obstructive •Ulcerative colitis •Macular degeneration •Pulmonary disease