

## 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