

Inquiry

Agency Information

Agency Name _____ Phone Number _____
 Contact Person _____ E-mail Address _____

Agent & Case Information

Agent Name: _____
 How much control does agent have on this case? _____
 How much premium can the client afford? _____
 Are there other BGAs working on this case? _____
 If an offer has been made, why has client not accepted that offer? _____

Proposed Insured Information

Primary Insured: _____
 SS# _____

Male Female Date of Birth _____ Height _____ Weight _____

Tobacco Use

Never Used Totally Stopped (Date Stopped _____) Use Now (Type of Nicotine Product _____)

Type of Coverage

Term UL Survivor

Coverage Amount: _____ Anticipated Premium: _____

Secondary Insured: _____
 SS# _____

Male Female Date of Birth _____ Height _____ Weight _____

Tobacco Use

Never Used Totally Stopped (Date Stopped _____) Use Now (Type of Nicotine Product _____)

Type of Coverage

Term UL Survivor

Coverage Amount: _____ Anticipated Premium: _____

Purpose for Life Insurance

Personal (Explain: _____)
 Business (Explain: _____)

Competition/Other Company Actions

1. Insurance Co. _____ Offers: Primary _____ Secondary _____
 2. Insurance Co. _____ Offers: Primary _____ Secondary _____
 3. Insurance Co. _____ Offers: Primary _____ Secondary _____

Family History

PRIMARY INSURED	AGE IF LIVING	AGE OF DEATH	CAUSE OF DEATH
Mother			
Father			
Sibling			
SECONDARY INSURED			
Mother			
Father			
Sibling			

Medical Summary (Use Additional Pages if Necessary)

Primary Insured

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

Prognosis _____

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

Prognosis _____

Secondary Insured

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

Prognosis _____

Diagnosis _____ Date of Diagnosis _____

Medications and Dosage _____

Treatment _____

Prognosis _____

Other Underwriting Factors

Please describe other information that could affect this offer not included above, i.e., avocations, foreign travel, financial, etc.

Primary Insured _____

Secondary Insured _____

