



## INFORMAL TRIAL LIFE INSURANCE APPLICATION

AUTHORIZATION MUST BE SIGNED BY PROPOSED INSURED - COMPLETE FOR ONE CLIENT ONLY

<b>Producer Name:</b>		<b>Phone Number:</b>	
FULL NAME (PRINT)	SEX    M / F	PLAN OF INSURANCE AMOUNT DESIRED \$ RIDERS DESIRED	
	SSN:		
DATE OF BIRTH	PLACE OF BIRTH		
RESIDENT ADDRESS		INSURANCE (currently in force)	
CITY, STATE ZIP		HEIGHT            ft            inches            WEIGHT            lbs	
MARRIED    SINGLE    DIVORCED    WIDOWED		Has case been submitted to other companies in past 6 mos? Yes   No If Yes, list companies and dates submitted.	
OCCUPATION			
EMPLOYER			
ADDRESS			

**LIST ANY INSURANCE APPLIED FOR THAT WAS DECLINED OR RATED:**

INSURER	FACE AMOUNT	YEAR	STANDARD PREMIUM	ISSUED	EXTRA PREMIUM	REASON RATED OR DECLINED

	NAME AND ADDRESS	REASON	DATE
What physician did you last consult? (Other than insurance examination)			
List all physicians you have consulted during the past 10 years, the reason for the visit and the dates.			
List all medical facilities you have been treated at, the reason for treatment and the dates of any and all treatments.			

For Tentative offer purposes only. Cannot be used to obtain a formal underwriting decision.

	NAME AND ADDRESS	REASON	DATE
List your personal physician, the reason for your last visit and the date of the visit.			
List all medications, dosages and frequency.			
Have you used any tobacco products in the past 5 years? Provide Details			
Do you engage in any type of exercise?      Yes    No Please describe:	Additional Information:		
Do you pursue any hobbies or other activities? Please describe:      Yes    No			
Have you fallen or been injured in the past three years? Please describe:      Yes    No			
Has your weight changed in the past year?      Yes    No <div style="text-align: right; margin-right: 50px;">Weight 1 year ago      lbs</div> <div style="text-align: right; margin-right: 50px;">Weight 2 years ago      lbs</div> Please explain:			