

# Life Insurance Quote Questions

## Personal Information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Height and Weight \_\_\_\_\_

Drivers License # \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(optional, will be required at application)

Marital Status \_\_\_\_\_

Number of Children / Dependents \_\_\_\_\_

## Employment & Financials

Occupation and Employer \_\_\_\_\_

Annual income \_\_\_\_\_

Net worth (approximate) \_\_\_\_\_

Any existing life insurance policies? ☐ Yes ☐ No

If yes

Carrier \_\_\_\_\_ Amount \_\_\_\_\_ Year Issued \_\_\_\_\_

Do you plan to replace an existing policy? ☐ Yes ☐ No

## Coverage Preferences

Type of life insurance interested in:

- ☐ Term (e.g., 10, 20, 30 years)
- ☐ Whole Life
- ☐ Universal Life (UL, IUL, GUL)
- ☐ Final Expense / Burial Insurance

Desired coverage amount (\$50,000 – \$5,000,000+) \_\_\_\_\_

Desired term length (if term) \_\_\_\_\_

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Budget / premium affordability monthly

Purpose of coverage:

- ☐ Income replacement
- ☐ Mortgage protection
- ☐ Estate planning
- ☐ Final expenses
- ☐ Business protection / key person
- ☐ Children's education

## Health & Medical History

Do you use tobacco or nicotine products? *(Now or within the past 12 months)*

- ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

If yes:

Frequency and quantity \_\_\_\_\_

Have you ever used recreational drugs or marijuana? ☐ Yes ☐ No

Current medical conditions (if any) \_\_\_\_\_

Past major health issues (heart disease, cancer, stroke, diabetes, etc.) \_\_\_\_\_

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Medications currently taken ☐ Yes ☐ No

If yes: \_\_\_\_\_

Primary care physician name and last visit \_\_\_\_\_

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Have you been hospitalized or had surgery in the past 5 years?

- ☐ Yes ☐ No

Family medical history (parents/siblings with heart disease, cancer, etc.)

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Have you been declined or rated for life insurance before?

☐ Yes

☐ No

## Lifestyle & Activities

Do you engage in hazardous hobbies?

*(Scuba diving, skydiving, aviation, racing, rock climbing, etc.)*

☐ Yes

☐ No

Do you travel internationally?

☐ Yes

☐ No

*if Yes To which countries and how often?*

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Do you have a criminal history or felony convictions?

☐ Yes

☐ No

Do you have a DUI or multiple driving violations? *(especially in the last 3–5 years)*

☐ Yes

☐ No

## Beneficiary Information (optional at quote stage)

Primary beneficiary name(s) and relationship

*(please include how much they should receive out of 100% broken down)*

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Include all full names, date of births, phone number or an email of the beneficiary's

Full Name	DOB	Phone Number	Email Address

Contingent beneficiary (optional)

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## Optional (Some Carriers May Ask)

Do you have a history of anxiety, depression, or mental health treatment?

☐ Yes

☐ No

Are you a U.S. citizen or permanent resident?

☐ Yes

☐ No

Do you plan to take a paramedical exam or prefer no-exam policies?

☐ Yes

☐ No