11835 West Olympic Boulevard
Suite 745
Los Angeles, California 90064
310.477.0694

Preliminary Inquire – Not an application for insurance

This form is used to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classification. This is not an application for insurance and in no way guarantees a specific underwriting class or binds any insurance coverage with any insurance carrier.

Personal History

Name (First, Middle, Last)____________________ Date of Birth:__________

SS#__________ Place of Birth:__________ # of Children/Dependents:__________

Driver's License #:__________ State:__________ Exp. Date: __________

If not U.S. citizen, country, status and document #: ____________________

Home Telephone:__________ Cell Number:__________ Email:__________

Home Address: ____________________ How Long: _____

Occupation: __________ Name of Employer: __________ How Long: ______

Business Address: ____________________ Business Phone Number: __________

Billing Address same as: ☐Home ☐ Business ☐ Other: ____________________

Spouse & Children Information

Name of Spouse: __________ Date of Birth: __________ SS# __________

Occupation: __________ Name of Employer: __________ How Long: ______

Business Address: ____________________ Business Phone Number: __________

Email: __________ Amount and type of insurance on his/her life: __________

Children:

Name: ____________________ Date of Birth: __________

Name: ____________________ Date of Birth: __________

Name: ____________________ Date of Birth: __________

Requested Plan of Insurance

Universal Life ☐ Variable Life ☐ Whole Life ☐ Term, Level Period ☐__________

Survivorship ☐ Disability Income, Monthly Benefit Amount ☐__________

Face amount desired __________ Premium amount desired __________ Annual ☐ Monthly ☐

What is the purpose of insurance? ____________________

Provide details on IN-FORCE coverage:

Company	Policy/Application Date	Amount	Class/Rating Issued	Current Premium	Do you intend to replace?

Provide details on NEW coverage:

Company (list all)	Owner	Beneficiary	Face Amount

Trust Information   Check here if not applicable ☐

Trust Name & Date: ____ Tax ID #: ________________

Trustee Name: ____ Trustee Telephone Number: ________________

Trustee Address: ____

Agent Information

Name:____

Medical History

Do you smoke cigarettes or cigars? Yes ☐ No ☐ If yes, date of last usage ____________________
Have you **ever** used other tobacco or nicotine containing products? Yes ☐ No ☐ Last dates of use? __________

Primary Care Physician Doctor's Name: Address: Phone Number:	Date	Illness
What other physicians have you consulted in the past 5 years? Doctor's Name: Address: Phone Number:	Date	Illness

Coronary   Check here if not applicable ☐

Date of diagnosis or first chest pain: ________________________________

Date/details of treatment/surgery (examples: angioplasty, bypass)

____

____

Date of last stress EKG? ________________________________

Results: ____

By whom? ____

Any pain since last treatment/surgery? ______________________________________

Cancer   Check here if not applicable ☐

Exact name and location of cancer: ____

____

State and grade: ____

____

Would you have the pathology report? ____

____

Dates/details of treatment and/or surgery: _______________________________________

____

Diabetes Check here if not applicable ☐

Date of diagnosis ________________ Treatment (check one) Diet only☐ Oral Medication ☐ Insulin☐

Details: ____

Do you regularly test your blood glucose? Yes ☐ No ☐ Results ________________ Frequency __________________
Last result of glycohemoglobin (AIC) test:______________ mg% Date: ________________________

Have you been diagnosed with having protein and/or microalbumin in your urine? Yes ☐ No ☐

Have you EVER had (check all those that apply) eye trouble ☐ kidney trouble☐ heart trouble☐ neuritis/neuralgia☐ high blood pressure☐ insulin reactions☐

Hazardous Activities/Travel Check here if not applicable ☐

Been convicted of a motor vehicle violation (past 5 years)? Yes ☐ No ☐

Are you a private pilot? Yes ☐ No ☐ If yes, provide details: ____

How many total hours have you flown as Pilot in Command? ____

How many hours do you fly per year? ____

Have you an IFR (instrument flight rating)? Yes ☐ No ☐

Participated in the following: skin or scuba diving ☐ sky diving ☐ auto/ motorcycle racing ☐ mountain climbing ☐

Do you intend to travel or reside outside of North America within the next year? Yes ☐ No ☐
If yes: Where, when and how long?: ____

Current Estate Plan and Financial Information

Existing Wills? Yes ☐ No ☐ When was your will last updated? ____

Existing revocable living trust? Yes ☐ No ☐ When was your will last updated? ______________________________

Does your will or revocable trust establish a credit shelter trust or otherwise use your estate tax exemption amount? Yes ☐ No ☐

Current Income: $____________ Spouse's Income: $ ____________ Total Income: $ _______________

Tax Bracket: ___ % Total Assets: $ ______________ Liquid Assets: $_____________ Net Worth: $ ____________

Cash/Checking: $______________ Savings/CDs: $ ______________ Bond Funds/Bonds: $_______________

Mutual Funds/Stocks: $ _____________ Annuities: $ _____________ IRA/SEP: $____________ 401(K): $____________

Real Estate: $ __________________ Other: $________________ Mortgage: $ ________________

Investment Information

☐ Managing Risk (Replacement Income, Final Expenses) ☐ Financial Independence (Retirement, Systematic Fund)

☐ Accumulating for the Future (Mortgage Fund, Educational Fund, Emergency Fund)

☐ Wealth Preservation (Estate Planning, Charitable Planning) ☐ Financial Tax Relief (Tax-Deferral Programs, Small Business)

When Investing Do You Consider Yourself:

☐ Conservative ☐ Conservative/Moderate ☐ Moderate ☐Moderate/Aggressive ☐ Aggressive

Investment Horizon: ☐ Short (0-3 years) ☐ Medium (3-7 years) ☐Long (> 7 years)

Advisors and Fiduciaries

CPA: _____________________ Address: ___________________________________ Telephone Number: _____________

Attorney: __________________ Address: ___________________________________ Telephone Number: _____________

Bank: _____________________ Address: ___________________________________ Telephone Number: _____________