



Life Insurance fact finder

Name _____

Address _____

City, State, Zip _____

Business phone _____ Home phone: _____

Marital status _____ Date of Birth _____

Social security number _____

U.S. Citizen: yes no Annual income _____

Occupation _____

Employer _____

Driver's license # _____ Expiration date _____

Primary care physician (name, address and phone): _____

Last time seen and reason: _____

Medications: _____

Tobacco/Non tobacco: _____

Family history: _____