

Name: _____

DOB: _____ Male or Female

Phone Number: _____

Phone Number: _____

Loan Amount: _____ Term: _____

Tobacco in the last 5 years: Y or N If yes, type: _____

DWI in last 5 years: Y or N if yes, year: _____

Height: _____ Weight: _____

Occupation: _____

Gross Income: _____

Net Income: _____

Email Address: _____

Mailing Address: _____

Medical Information:

High Blood Pressure Controlled?

Yes, Medication: _____

Last BP Reading if known: _____

Diabetes:

Yes, Insulin or Oral Med: _____

Type 1? Type 2? A1C Number: _____ Glucose: _____

Heart Attack: Y or N Year: _____

Stroke: Y or N Year: _____

Cancer: Y or N Type: _____

High Cholesterol: _____

Sleep Apnea , if yes: Uses CPAP regularly? _____

Gastric Bypass or Sleeve: _____ Month/Year: _____

Anxiety or Depression Suicidal Thoughts: Y or N

Any weight gain or loss more than 10 pounds within the past 12 months: Y or N

Medications:

Appointment Date, Time, & location:

Best time to call back/follow up:

Kids/Family/Friends that need Auto/Home/Life/DI insurance? Ask!

Name: _____

DOB: _____ Male or Female

Phone Number: _____

Phone Number: _____

Loan Amount: _____ Term: _____

Tobacco in the last 5 years: Y or N If yes, type: _____

DWI in last 5 years: Y or N if yes, year: _____

Height: _____ Weight: _____

Occupation: _____

Gross Income: _____

Net Income: _____

Email Address: _____

Mailing Address: _____

Medical Information:

HBP Controlled?

Yes, Medication: _____

Last BP Reading if known: _____

Diabetes:

Yes, Insulin or Oral Med: _____

Type 1? Type 2? AIC Number: _____ Glucose: _____

Heart Attack: Y or N Year: _____

Stroke: Y or N Year: _____

Cancer: Y or N Type: _____

High Cholesterol: _____

Sleep Apnea , if yes: Uses CPAP regularly? _____

Gastric Bypass or Sleeve: _____ Month/Year: _____

Anxiety or Depression Suicidal Thoughts: Y or N

Any weight gain or loss more than 10 pounds within the past 12 months: Y or N

Medications:

Company Quoted With: _____

Monthly Premium Quoted: _____

Agent Completing Form: _____

Supplemental Group Work Place Products: Colonial or Aflac