shopiro AGENCY INC.

306 Hawley Avenue
Syracuse, NY 13203
Ph: (315) 913-3722
www.ShopiroAgency.com
dave@shopiroagency.com

Dave Shopiro, AAI, CIC

Life Insurance Questionnaire

Name: | Date:

Date of Birth: | Height: | Weight:

E-Mail: | Phone:

1) List **'Current'** Life policies, if any.

Death Benefit	Insurance Company	Term or Permanent?	If Term: # of Years	Year Purchased	Monthly Cost

2) How much **additional** Life Insurance do you feel you need?

3) How much can you **comfortably afford** to spend **per month**? *

* This is **NOT** to see how high we can get your premium. Our goal is to propose a 'solution' that **fits your budget**.

4) **How long** do you want your coverage to **last**?

☐ 5-Years ☐ 10-Years ☐ 15-Years ☐ 20-Years ☐ 30-Years ☐ Coverage you won't outlive

5) **Smoker Status:** (check all that apply)

Cigarette & E-Cigarette:

☐ **Smoke Currently** ☐ Not in the Past 3 Years ☐ NEVER Smoked

Pipe, Cigar, Smokeless:

☐ Smoke Currently ☐ Not in the Past 3 Years ☐ NEVER Smoked

6) Do you have any **Health Issues** (blood pressure, cholesterol, etc.)? If 'Yes', **briefly explain**:

7) List any **prescription medications** below. Use reverse side if necessary.

Condition	Drug	Dosage	How Long Taken

8) Family Medical History (parents & siblings): List any **conditions / diseases** that run in your **immediate family**.