SHOPIRO AGENCY INC

We UNDERSTAND Insurance

# 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**? * _____

* 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 - Cigarette, E-Cigarette, Cigar, Pipe** (check all that apply)

☐ 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:

| |
|---|
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| |

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

| Condition | Drug | Dosage | How Long Taken |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

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|---|
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Trusted Choice

Independent Insurance Agent