



## Pre-Qualify Your Client

**Life insurance cost is based on your client's age, tobacco use, health, family history and lifestyle activities. Prior to providing your client with a life insurance cost you need to gather some basic information.**

**Completing this form will help you through the pre-qualification process.**

Agent Name: \_\_\_\_\_ Client Name \_\_\_\_\_

Clients DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ M or \_\_\_ F State where application is written & delivered: \_\_\_\_\_

Benefit Amount(s): \_\_\_\_\_ Premium Range: \_\_\_\_\_ Type of coverage: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_ Current income: \_\_\_\_\_

Is your client a U.S. Citizen? \_\_\_\_\_ If no, explain. \_\_\_\_\_

Has your client ever used any form of nicotine products? \_\_\_\_\_ If so what type? \_\_\_\_\_

Have they stopped using nicotine products? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do they have any traffic violations in the past 5 years? \_\_\_\_\_ If so, what and when: \_\_\_\_\_

Any death in the family, parents or siblings, due to cancer or heart disease prior to age 60? \_\_\_\_\_

If so, who and why? \_\_\_\_\_

Has your client been hospitalized in the past 5 years? \_\_\_\_\_ If so, when, why and what was the outcome: \_\_\_\_\_

When was their last doctor visit? \_\_\_\_\_ Reason and outcome: \_\_\_\_\_

Is your client on any medications? Please include the type, purpose, frequency and dosage: \_\_\_\_\_

Is there any additional history of illness? Provide date and treatment: \_\_\_\_\_

Any foreign travel plans? \_\_\_\_\_ If so, where, why and how long: \_\_\_\_\_

Does your client participate in any hazardous activities like piloting a plane, scuba diving, racing, mountain climbing, etc.

If so which and how often? \_\_\_\_\_

**If you have determined that your client is healthy, go ahead and run a quote based on a Preferred rate classification.**

**If you are not sure of the classification to run or your client has some health issues, please complete this form and email or fax this information to us so we can provide you with a tentative quote, for your client.**

**fax to 800.616.4900/469.635.6001**