

Life Insurance -Case Inquiry

All Information Will Be Kept Confidential – Coverage is not in place until the full underwriting process is complete, policy acceptance requirements are completed, and the correct premium payment has been paid to the insurance company.

Name: _____ Male | Female

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone#: _____

Birthdate: Mo. _____ Day _____ Year _____ Height _____ Weight _____

Are you on any prescription medication? Yes No

What type? _____

What Reason? _____

Nicotine Use (circle one) Never Cigarettes Cigars Chew Pipe Gum or Patch

If yes, date of last use _____ Frequency of use _____

Have you been hospitalized, admitted to a clinic or rehab facility? Yes No

Date(s) _____

Reason(s) _____

Are you a private pilot? Yes No Do you Scuba Dive? Yes No Maximum Depth _____

Have any of your parents/siblings been diagnosed with cancer, heart disease or diabetes? Yes No

If yes, was it (circle one): parent sibling

What was the condition (circle one): cancer heart disease diabetes | What age was the diagnosis _____

Did they die before age 60 of cancer, heart disease or diabetes? Yes No

How many traffic tickets have you had in the last 3 years? (circle choice) 1 2 3 4 5

Have you had any alcohol related violations? Yes No

If yes, what was the date of the violation? _____

Do you plan on any foreign travel? Yes No

If yes, to where and for how long _____

Amount of insurance desired \$ _____

Length of time- in years (circle choices) 10 15 20 25 30 Permanent Disability



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