

G. Loeber Insurance Agency

22 New Jersey Avenue Suite 3, Absecon, NJ 08201

Phone: (609) 383-3477 Fax: (609) 383-3438

Life Insurance Questionnaire

1. Name: _____

2. Address: _____

3. DOB: ____/____/____ PHONE: () _____ - _____

4. Type of Policy: **Term / Whole Life / Universal Life**

5. If Term: **10 yrs / 20 yrs / 30 yrs**

6. Amount of Insurance: _____

7. Smoker / Non-Smoker - If non-smoker when did you quit _____

8. Height: _____ Weight: _____

9. Any history of:

a. Heart Disease **YES / NO**

c. Stroke **YES / NO**

b. Diabetes **YES / NO**

d. Cancer **YES / NO**

10. Any family history - Father, Mother, Siblings of:

a. Heart Disease **YES / NO**

c. Stroke **YES / NO**

b. Diabetes **YES / NO**

d. Cancer **YES / NO**

11. Are you currently taking any medication: **YES / NO**

If **YES**, name; dosage; and for what condition: _____

12. Driving record – Any tickets, DUI's, or license suspensions in the last 5 years?

Thank you for providing the above information as this will better enable agents to access your needs in placing coverage with a carrier specific to your life insurance needs.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Signature _____ Date: ____/____/20____