



# M. Brown & Associates, Ltd.

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## LIFE INSURANCE REQUEST & PRELIMINARY QUESTIONS

Agent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Product Type / Term Duration(s): \_\_\_\_\_

Face Amount(s): \_\_\_\_\_ Premium To Beat: \_\_\_\_\_

Current Product: \_\_\_\_\_ Replacement: \_\_\_\_\_

HEALTH Height \_\_\_\_\_ Weight \_\_\_\_\_ Weight Loss In Past Year: \_\_\_\_\_

1. Nicotine Use?  Yes  No (Including: patch, gum, cigars, snuff, cigarettes, pipe)  
If yes, please specify all types being used:

If cigarettes, how many per day:

Have smoking habits changed in the last 5 years:  Yes  No  
If yes, please explain (Be specific):

If cigars, how many per month:

2. Have you quit using any product containing nicotine in the past 5 years?  Yes  No  
If yes, please explain in detail.

3. Family History:

A. Has any parent or sibling CURRENTLY or in the past ever HAD:

Heart disease (bypass, heart attack, angioplasty):  Yes  No

Cancer:  Yes  No Diabetes:  Yes  No

Stroke:  Yes  No Aneurism:  Yes  No

CVA (Cerebral Vascular Accident):  Yes  No

If yes to any above please provide detail including age of diagnosis:

B. Has any parent or sibling died of:

Heart disease (bypass, heart attack, angioplasty):  Yes  No

Cancer:  Yes  No Diabetes:  Yes  No

Stroke:  Yes  No Aneurism:  Yes  No

CVA (Cerebral Vascular Accident):

If yes to any above please provide detail including age of diagnosis:

4. When was the last doctor physical performed?

5. Have you ever been diagnosed with a medical condition or disease?

Please provide when diagnosed, treatment, and last time there has been a follow up.

6. Please list ALL medications that are being taken and why:

7. Ever have any procedures or operations that have been completed or are going to be scheduled?

Yes       No

If yes, please provide detail:

8. Do you know your current cholesterol level?       Yes       No

If yes, please provide numbers along with Chol/HDL ratio:

9. Are you aware of any moving violations in the past 3 years?       Yes       No

If yes, please provide details and dates:

(Please include DUI, suspension or reckless driving history if applicable)

10. Please list any avocations such as scuba diving, private pilot, sky diving, etc.

11. Are you a U.S. citizen?       Yes       No

If no, do you have a green card?       Yes       No

If no, what is your visa status:

Please provide country of citizenship:

12. Have you traveled outside of the U.S.A. or Canada in the past few years?       Yes       No

If yes, please provide detail:

13. Do you have plans to travel outside the U.S.A. or Canada in the future?       Yes       No

If yes, please provide detail: