LIFE INSURANCE REQUEST FORM

Client Name: _____ DOB: _____

Social Security Number: _____Male ☐ Female ☐ Contact Phone _____

United States Citizen? Yes ☐ No ☐ If no, Citizen of which Country _____

Address: _____ _____ _____ _____
ADDRESS CITY ST ZIP

Beneficiary Name: _____ Relationship: _____

Face Amount $ _____ Length of term years _____ Carrier_____

Has the proposed insured ever used tobacco in any form: Yes ☐ No ☐ What Type: _____

Last used: 12 months ☐ 36 months ☐ 5 years ☐ More: ☐ _____ years

Current Height: _____ feet_____inches Current Weight: _____

Current Occupation: _____

Does the proposed insured participate in piloting an aircraft, scuba diving, motor vehicle racing, etc.?

No ☐ Yes ☐ If yes, please provide details _____

Has the proposed insured traveled out of the US in the last 12 months or plan to in the next 12 months?

No ☐ Yes ☐

If so provide details: City _____ Country _____

Reason for travel _____ Length of stay _____

Is proposed insured taking any prescription medications?

No ☐ Yes ☐ If yes, detail _____

Does the proposed insured consume alcoholic beverages?

No ☐ Yes ☐ If yes, provide how often and what type _____

Does the proposed insured have a history of alcohol or substance abuse?

No ☐ Yes ☐ If yes, Details _____

Do the proposed insured have any DWI's or DUI's in the past?

No ☐ Yes ☐ If yes, Date(s) _____

Has the proposed insured had more than 2 motor vehicle moving violations in the past 3 years?

No ☐ Yes ☐

Has either parent or sibling had a history of cardiovascular disease or cancer before age 60:

No ☐ Yes ☐ If yes list details _____

Current Life Insurance in force?

No ☐ Yes ☐ If so, please provide details _____

Will this policy be a replacement of anything you currently have? No ☐ Yes ☐

WHORTON INSURANCE SERVICES Since 1972

11200 Jollyville Rd, Austin, TX 78759

Main: 512.338.1191 Fax: 512.338.1196

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Banner, Genworth, American General, Protective, ING

Will the insured (you) be the owner of this policy?

No ☐ Yes ☐ If No, The Owner of this policy will be: _____

My relationship to the insured is: _____

Social Security Number _____

Or Tax ID Number _____

Address: _____

City: _____ State: _____ Zip: _____

Name of authorized signor: _____

What is the purpose of the insurance?

☐ **Personal** (family protection, income replacement, estate planning,)

Gross annual income of the client _____

Household income _____

Total assets _____

Total liabilities _____

☐ **Business** (buy/sell business, key person business)

Total assets _____

Liabilities and Net Worth of the company _____

% of ownership the client owns, if any _____

Gross annual salary of client _____

Any applied for or in force on other key members of the business? No ☐ Yes ☐

Agent Name: _____ Phone: _____

Agent Email: _____

Send completed form to JoeZ@whortonins.com or CherieR@whortonins.com

Email Joe Zygarlenski

Or fax to 512-338-1196.

Email Cherie Robinson

Completing this form does not constitute any coverage. Coverage will not begin until underwriting is complete and accepted.

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