

LIFE INSURANCE PRE-SCREEN QUESTIONNAIRE

From: _____ **Phone:** _____

To: Chris D. Vander Galien, CLU

Fax 866-231-6376

Email: cvg@thelife-agency.com

Forward quote to: Fax: _____ **E-Mail:** _____

Person to be insured

Name: _____

State: _____ Date of Birth _____ / _____ / _____ Sex: Male Female

Death Benefit: \$ _____ Alternative: \$ _____

Level Term Period: 5, 10, 15, 20, 25, 30, 35 Permanent: Universal Life Whole Life

Medical History (Please give details to any yes answer)

1. Have you **ever** used **any form** of tobacco? Yes No

If so, what form? _____ Date last used _____ / _____ / _____

2. In the past three years, participated in scuba diving, motor racing, parachuting, any hazardous sports or travel? Private airplane pilot? Yes No

3. Do you currently take **any** prescription drugs or receiving treatment for **any** medical condition? Yes No

4. Ever had high blood pressure, high cholesterol diabetes, heart troubles, cancer **or any significant health problems**? Yes No

5. Height: _____ Weight: _____

6. Any history of or death from coronary artery disease, cancer or diabetes of either natural parent or siblings prior to age 60? Yes No

7. MVR (Moving Violations in the last 5 yrs; Any DWI's)

Details: _____

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