

**Preliminary Inquiry**

Toll Free 877-224-0477 FAX 877-224-0477  
 info@lifeinsurancesolutions.biz  
 This is not an application for Life Insurance

Full name of Client		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Height _____	Weight _____
Date of Birth	State Of Residence	<input type="checkbox"/> Non Smoker	<input type="checkbox"/> Tobacco User	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Chews <input type="checkbox"/> Cigars
Occupation	<input type="checkbox"/> Retired	Result of last life Insurance application: Year _____			
If disabled, please list cause		<input type="checkbox"/> Preferred	<input type="checkbox"/> Standard	<input type="checkbox"/> Rated	<input type="checkbox"/> Declined
		List Company _____			

**Plan of Insurance**  Universal Life  Whole Life  Term Level Period  10  15  20  Other \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Premium Limit** \_\_\_\_\_ **Mode**  A  S A  Q  Mo

**Client Health Information Important:** In this section please list all major illnesses in the last ten years . On page 2 please list all doctors, clinics and hospitals, along with all prescription medication currently being taken.

Illness	Year of onset	Year of last treatment	Was surgery involved?	Do you have implanted a pacemaker or defibrillator

**Agents Information**

Name		Address, City, State, Zip		
Telephone	Fax	Email		

**NOTICE OF INFORMATION PRACTICES**  
 In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely primarily on information provided by you. The companies may also seek information from others, such as medical professional who have treated you. In some cases, they may ask a consumer reporting agency to collect information and submit an investigative consumer report to them. You have the right to request to be interviewed in connection with the preparation of the report. You may receive a copy of the report by contacting the consumer reporting agency as explained in the Federal Fair Credit Reporting Act Notice.  
 In some situations, and in compliance with applicable law, the insurance companies may disclose necessary items of information to third companies' files, including information contained in investigative consumer reports.  
 You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in the insurance companies' files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.  
**FOR A DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO CPS/UNITED INSURANCE SERVICES.**

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| <p><b>United Producers Inc.</b><br/>                 CPS/United Ins. Services<br/>                 CPS Insurance Services<br/>                 CPS Settlements<br/>                 American General Life<br/>                 American Mayflower<br/>                 American National<br/>                 AXA/Equitable/MONY<br/>                 Bankers Life of NY<br/>                 Banner Life<br/>                 Chase Insurance<br/>                 Companion Life of NY<br/>                 Fidelity Life Association</p> | <p><b>Genworth Financial</b><br/>                 Guarantee Trust Life<br/>                 Hartford Life<br/>                 ING Companies<br/>                 Illinois Mutual<br/>                 Indianapolis Life<br/>                 Jefferson Pilot<br/>                 John Hancock<br/>                 Life of the Southwest<br/>                 Lincoln Benefit Life<br/>                 Lincoln Financial<br/>                 Mass Mutual<br/>                 MetLife</p> | <p><b>MetLife Investors</b><br/>                 Mutual of Omaha<br/>                 Nationwide<br/>                 New York Life<br/>                 North American Life &amp; Health<br/>                 Old Mutual Financial Network<br/>                 Phoenix Life<br/>                 Presidential Life<br/>                 Principal Financial<br/>                 Protective Life<br/>                 Prudential Financial<br/>                 Reliastar Life<br/>                 Sun Life Financial</p> | <p><b>Transamerica</b><br/>                 United Home Life<br/>                 United of Omaha<br/>                 US Life<br/>                 West Coast Life<br/>                 Western &amp; Southern Life<br/>                 Western Reserve Life<br/>                 William Penn</p> |
|---|---|--|--|

PLEASE LIST ALL DOCTORS, HOSPITAL AND CLINICS THAT HAVE TREATED YOU IN THE LAST 5 YEARS

\*\*\*\*

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

### HOSPITALS & CLINICS (Visited in Last 5 Years, if cancer was involved 20 years.)

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Hospital/Clinic Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Hospital/Clinic Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

**Illness:** \_\_\_\_\_ **Onset:** Month \_\_\_\_\_ Year \_\_\_\_\_  
**Hospital/Clinic Name :** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date Last Seen:** Month \_\_\_\_\_ Year \_\_\_\_\_

### PRESCRIPTION MEDICATION

1. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
2. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
3. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
4. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
5. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
6. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
7. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
8. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
9. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_
10. Medication: \_\_\_\_\_ Illness Prescribed for \_\_\_\_\_



