

# Life Insurance Questionnaire

Insured's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Work or Cell# \_\_\_\_\_  
Email Address \_\_\_\_\_  
Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Any driver's license suspended or revoked? \_\_\_\_\_  
If yes, when and why? \_\_\_\_\_  
Any type of non-commercial flying, racing, rock climbing, scuba diving or other hazardous activities?  
If yes, please explain: \_\_\_\_\_  
Are you currently in the military or the national guard? \_\_\_\_\_  
If yes, please give details: \_\_\_\_\_  
Currently or in the past 12 months have you taken any type of prescription medications? \_\_\_\_\_  
If so, please give details on type and conditions: \_\_\_\_\_  
Any type of medical conditions in the past 5 years? \_\_\_\_\_  
If so, please give details: \_\_\_\_\_

Tobacco Use \_\_\_\_\_ Type \_\_\_\_\_ Last Used \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Type of Policy Desired (If known) \_\_\_\_\_ Death Benefit \_\_\_\_\_  
Payment Mode \_\_\_\_\_

## **Other Personally Owned Life Insurance Policies** (as much as you know)

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_  
Face Amount \_\_\_\_\_ Policy Type \_\_\_\_\_  
Year Issued \_\_\_\_\_ To Be Replaced \_\_\_\_\_

Company Name \_\_\_\_\_ Policy# \_\_\_\_\_  
Face Amount \_\_\_\_\_ Policy Type \_\_\_\_\_  
Year Issued \_\_\_\_\_ To Be Replaced \_\_\_\_\_

Referred by \_\_\_\_\_



Fax or Email to Loudoun Insurance Group

[jared@loudouninsurancegroup.com](mailto:jared@loudouninsurancegroup.com)

5 Wirt Street, SW Ste 300 Leesburg, VA 20175 Phone 703-777-8118 Fax 703-777-8779