

New Life Marketing
Life Insurance Products and Annuities

Trial Proposal Questionnaire

Name of applicant: _____ DoB: _____

Sex: Male Female Height: _____ Weight: _____

Tobacco user: No Yes Type: _____

Desired face amount: \$ _____

Desired type of coverage: Term (_____ Years) Permanent

Amount of insurance already in force: \$ _____

Previously: Declined Rated Neither

Date of decline/rating: _____ Name of company: _____

Reason(s) for decline/rating: _____

Additional details regarding any above data:

Fully describe any impairments:

First diagnosis: _____ Types of treatment: _____

List medications, amounts and frequency taken:

Frequency of doctor visits: _____

Limitations of activity: _____

Job description: _____

List all significant health history of immediate family (parents and siblings):

Did a parent die before age 60? Yes No

If yes, was cause of death: Cancer Heart Neither

Printed name of agent: _____ Phone: _____

Address: _____ Fax: _____