

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: _____