M.BROWN FINANCIAL ADVISORS
PLAN · BUILD · PRESERVE

LIFE INSURANCE
RFP (REQUEST FOR PROPOSAL) & PRELIMINARY QUESTIONNAIRE

Date: _____ **Need By:** _____

Broker: _____ **Company:** M. Brown Financial Advisors

Email: _____ **Phone:** 630.637.8600 **Fax:** 630.637.8606

Client Name: _____ Date Of Birth: _____

State Policy To Be Written: _____ Product Type / Term Duration(s): _____

Face Amount(s): _____ Current Product & Premium: _____

Current Product: _____ Replacement: _____

HEALTH Height: _____ Weight: _____ Weight Loss In Past Year: _____

1) Nicotine Use? (Including: patch, vape, gum, e-cig, cigars, snuff, cigarettes, pipe) Yes ○ No ○

If yes, please specify all types being used: _____

If cigarettes, how many per day: _____

Have smoking habits changed in the last 5 years? Yes ○ No ○

If yes, please explain (be specific): _____

If cigars, how many per month? _____

2) Have you quit any products containing nicotine in the past 5 years? Yes ○ No ○

If yes, please explain in detail: _____

3) Marijuana Use in the last 5 years? Yes ○ No ○

If yes, please explain: _____

4) Family History:

A. Any parent or sibling CURRENTLY or in the past whoever HAD:

Heart disease (bypass, heart attack, angioplasty): Yes ○ No ○

Cancer: Yes ○ No ○ Diabetes: Yes ○ No ○

Stroke: Yes ○ No ○ Aneurysm: Yes ○ No ○

CVA (Cerebral Vascular Accident): Yes ○ No ○

If yes to any above please provide age of onset: _____

B. Has any parent or sibling died of:

Heart disease (bypass, heart attack, angioplasty): Yes ○ No ○

Cancer: Yes ○ No ○ Diabetes: Yes ○ No ○

Stroke: Yes ○ No ○ Aneurysm: Yes ○ No ○

CVA (Cerebral Vascular Accident): Yes ○ No ○

If yes to any above please provide detail (INCLUDING AGE):

_____

_____

_____

5) When was the last doctor physical performed? _____

6) Have you ever been diagnosed with a medical condition or disease? Yes ◯ No ◯

7) Please provide when diagnosed, treatment, and last time there has been follow up.

_____

_____

8) Please list ALL medications that are being taken and why:

_____

_____

9) Ever have any procedures or operations that have been completed or are going to be scheduled? Yes ◯ No ◯

If yes, please provide detail: _____

_____

10) Do you know your current cholesterol level Yes ◯ No ◯

If yes, please provide numbers along with Chol/HDL ratio:

_____

11) Are you aware of any moving violations in the past 3 years? Yes ◯ No ◯

If yes, please provide details and dates:(Please include DUI, suspension or reckless driving history if applicable.)

_____

12) Have you ever filed for Bankruptcy in the past? Yes ◯ No ◯

If yes, provide what chapter and discharge date:

_____

13)Please list any avocations such as scuba diving, private pilot, sky diving...etc.:

_____

14) Are you a U.S. citizen? Yes ◯ No ◯

If no, do you have a green card? Yes ◯ No ◯

If no, what is your visa status: _____

Please provide country of citizenship: _____

15) Have you traveled outside of the U.S.A. or Canada in the past few years? Yes ◯ No ◯

If yes, please provide detail: _____

_____

16) Do you have plans to travel outside the U.S.A or Canada in the future? Yes ◯ No ◯

If yes, please provide detail: _____

_____

17) Have you been issued a life insurance policy in the past 5 years? Yes ◯ No ◯

If yes, please provide: _____

Face amount policy was issued at: _____

Company policy was issued with: _____

Rate class received: _____