RESET

INFORMAL INQUIRY

LEVEL FOUR® Insurance Agency
A DIVISION OF CARR, RIGGS & INGRAM CAPITAL, LLC

Agent Name _____ Phone_____ Email _____

Client Name _____ Date of Birth (mm/dd/yyyy) ____/___/____ Gender: ☐ Male ☐ Female State_____

Amount of Life Insurance Seeking $_____ Type: ☐ Term 10 ☐ 15 ☐ 20 ☐ 30 ☐ UL ☐ WL ☐ SUL

Height _____Weight _____ Have you gained or lost more than 10 lbs. in the last 12 months? If so, how many lbs.? _____

Tobacco use in last five years: ☐ Yes ☐ No Type: ☐ Cigarettes ☐ Cigars ☐ Dip ☐ Chew ☐ Vape Frequency _____ Date last used (mm/dd/yyyy) ____/___/____

Date of last physical: ____/___/____

MEDICATIONS	DOSAGE	DATE, DIAGNOSIS, HOW LONG TAKEN
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

For Long-Term Care Insurance, click to download an additional questionnaire to submit.

MEDICAL CONDITIONS **(If selected, click on condition below for an additional questionnaire to submit)**

☐ Alcohol Abuse	☐ Cancer	☐ Diabetes	☐ High Cholesterol	☐ Rheumatoid Arthritis
☐ Anxiety	☐ Cardiovascular Disease	☐ Drug Abuse	☐ Kidney Disease	☐ Sleep Apnea
☐ Atrial Fibrillations	☐ Crohn's Disease	☐ Hepatitis	☐ Marijuana Use	☐ Stroke
☐ Asthma	☐ Depression	☐ High Blood Pressure	☐ Multiple Sclerosis	☐ Other _____

List details to include date diagnosed, current condition and details of treatment for the above medical condition(s)

_____

_____

_____

FAMILY HISTORY

	Age	Health*	Age at Death	Cause
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Siblings	_____	_____	_____	_____

*Indicate if any were diagnosed with cardiovascular disease or cancer prior to age 60

FOREIGN TRAVEL (planned travel in the next two years - where, when, why and how long)

1) _____

2) _____

Have you flown as a pilot or co-pilot in the last 5 years? _____ Pleasure or Business _____

Hours flown in last 12 months _____ Hours expected in last 12 months _____

Pilot licenses held _____ Type of aircraft flown_____ Total hours flown_____

Have you scuba dived or participated in other HAZARDOUS SPORTS/HOBBIES in the last 5 years

(If so, please give details including the activity, maximum depth, duration, certifications and date last participated)

1) _____

2) _____

ANY SPEEDING TICKETS/ACCIDENTS or DUI / DWI IN LAST 5 YEARS? Provide approx. dates / details of each

1) _____

2) _____

Any other pertinent information including Doctor(s) contact information or additional remarks:

_____

_____

Save and Email Completed Form to: quotes@levelfourinsurance.com