DUNLAP FINANCIAL SERVICES
INSURANCE BROKERS

QUICK FACT-FINDER

Name:_____ Date of Birth/Age: _____
Address: _____ Social Security Number:_____
_____ Email:_____ Phone #:_____

Plan of Insurance Requested:

State of Residence: _____ Face Amount: _____ Desired Premium Range: _____
Individual: ☐ Term_____ ☐ UL ☐ IUL ☐ WL

Present Nicotine Use:

☐ None ☐ Cigarettes - frequency of use per day: _____
☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other: _____
Quantity Per Month: _____

Former Nicotine Use:

List Each Type of Nicotine Used: _____
Quantity: _____ Frequency: _____ Date of Last Usage: _____

Build:

Height: _____feet _____inches Weight: _____pounds

Family History *(family history is a consideration for each rate class)*:

To your knowledge, is there any family history (parent or siblings), prior to age 60, of cardiovascular disease, cerebrovascular disease, heart disease, stroke, diabetes, or cancer? Yes ☐ No ☐

If yes, provide full details:
☐ Father: Impairment _____ Age at Onset _____ Age at Death (if deceased) _____
☐ Mother: Impairment _____ Age at Onset _____ Age at Death (if deceased) _____
☐ Siblings: Impairment _____ Age at Onset _____ Age at Death (if deceased) _____

Blood Pressure and Cholesterol:

Most recent BP reading: _____/_____
Most recent total cholesterol: _____mg Most recent cholesterol/HDL ratio:_____
Are you currently taking medication for blood pressure? ☐ No ☐ Yes, name/dosage of meds:_____
Are you currently taking medication to lower cholesterol? ☐ No ☐ Yes, name/dosage of meds:_____

Aviation/Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?
☐ None ☐ Flying ☐ Racing ☐ Sky Diving ☐ Scuba Diving ☐ Any Dangerous Activities
Details: _____

QUICK FACT-FINDER TOOLS

Travel:

Any future plans to live or travel outside the USA? ☐ No ☐ Yes

If yes, please provide: Purpose _____

Cities _____ Countries _____

Frequency _____ Duration _____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

☐ Moving violation ☐ Reckless driving ☐ DWI or DUI ☐ License suspension ☐ License revoked

Dates: _____

Details: _____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed?

If yes, check all that apply:

☐ Alcohol abuse
☐ Alzheimer's/dementia/cognitive impairment
☐ Asthma
☐ Cancer
☐ Cirrhosis
☐ COPD
☐ Coronary artery or cerebrovascular disease
☐ Crohn's disease
☐ Depression/anxiety
☐ Diabetes
☐ Drug abuse
☐ Epilepsy
☐ Heart murmur/valve disease
☐ Hepatitis
☐ Irregular heartbeat/palpitations
☐ Kidney disease
☐ Lupus
☐ Multiple sclerosis
☐ Peripheral vascular disease
☐ Rheumatoid arthritis
☐ Sleep apnea
☐ Stroke
☐ Other _____

List dates, diagnosis, details, treatment, any and all medications currently prescribed.

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