Axford
SENIOR MARKETING INC.

Life Insurance Fact Finder

Please use this fact finder to help us help you find the right carrier for your client the first time.

Phone: (888) 396-2580

Email: axford@axfordsmi.com

Fax: (308) 384-0481

Agent Name: _____

Agent Phone: _____

Agent Email: _____

Client Name: _____

Additional Notes:

Life Underwriting

p: (888)396-2580
f: (308)384-0481

Agent Information

Agent Name:

Agent Phone Number:

Proposed Policy

Amount of Insurance:

Type of Plan:

- ◯ Universal until age _____
- ◯ Whole Life
- ◯ Term - Desired Length ____
- ◯ Single Pay

Main Objective:
(circle one from each)

Death Benefit or Cash Value

Express Issue or Fully Underwritten

Riders:

- ◯ Return of Premium
- ◯ Waiver of Premium
- ◯ Child Rider - *desired amount* _____
- ◯ LTC
- ◯ Accident - *desired amount* _____
- ◯ Other _____

Replacing Policy? ◯ Yes ◯ No If yes, do they have cash value? _____

Client Information

Client's Name: _____

State: _____

Male ◯ Female ◯

DOB: ___/___/____ Height: _____ Weight: _____

(If weight has changed more than 15 lbs in the last year, list amount of weight gained or lost and the cause) _____

_____

Blood Pressure Reading: _____

Cholesterol Reading: _____

HDL Ratio: _____

Tobacco User: Yes ◯ No ◯

If so, please indicate the type used and frequency. If quit, indicate last use.

_____

_____

Family History

Is there a history of heart disease or cancer in your immediate family?

	Age of Living	*Age at Death*	*Heart Disease or Cancer History*	*Cause of Death*
Father				
Mother				
Siblings				

Medical Questions (Please explain all "Yes" answers in the additional information section)

Have you ever had, been treated for, or been medically advised to be treated for, any of the following?

	Yes	No	Comments:		Yes	No	Comments:
Alcoholism	◯	◯		High Blood Pressure	◯	◯	
Angina	◯	◯		High Cholesterol	◯	◯	
Anxiety	◯	◯		HIV/AIDS	◯	◯	
Arthritis	◯	◯		Irregular Heartbeat	◯	◯	
Asthma	◯	◯		Kidney Disorder	◯	◯	
Cancer	◯	◯		Lupus	◯	◯	
Chronic Pain	◯	◯		Mental Illness	◯	◯	
Cirrhosis	◯	◯		Migraines	◯	◯	
Colitis	◯	◯		Multiple Sclerosis	◯	◯	
COPD	◯	◯		Pacemaker	◯	◯	
Depression	◯	◯		Paralysis	◯	◯	
Diabetes	◯	◯		Parkinson's Disease	◯	◯	
Drug Use/Abuse	◯	◯		Pregnant (currently)	◯	◯	
Epilepsy	◯	◯		Prostate Disorder	◯	◯	
Heart Attack	◯	◯		Sleep Apnea	◯	◯	
Heart Disease	◯	◯		Stroke or TIA	◯	◯	
Hepatitis	◯	◯		Thyroid Disorder	◯	◯	

Medications

Record all medications you currently take including **prescription medications** and any **over the counter drugs**.

Name of Drug	Dosage	Frequency	When Prescribed	Reason for Taking

Cancer History

Type: _____
Date Diagnosed: _____
Treatment: _____
_____
Stage: _____
Grade: _____
Lymph Node Involvement: ◯ Yes ◯ No
Date of Last Treatment: _____
Any Recurrence? ◯ Yes ◯ No
If prostate cancer, please include pre-PSA: _____
current PSA: _____
Gleason Score: _____

Diabetes History

◯ Type I ◯ Type II
Date Diagnosed: _____
A1C: _____
Any Complications (retinopathy, neuropathy, nephropathy): _____
_____
_____

Heart Disease History

Heart Attack: ◯ Yes ◯ No
If yes, please provide date(s): _____
_____
_____
_____

Stroke: ◯ Yes ◯ No
If yes, please provide date(s): _____
_____
_____
_____

TIA: ◯ Yes ◯ No
If yes, please provide date(s): _____
_____
_____
_____

Bypass Surgery? ◯ Yes ◯ No
# of Vessels: _____
Which Vessels? _____
_____
% of Blockage: _____

Angioplasty? ◯ Yes ◯ No
# of Vessels: _____
Which Vessels? _____
_____
% of Blockage: _____

_____
_____
_____

Mental Illness/Depression History

Name of condition: _____
Date Diagnosed: _____
Severity: _____
Treatment: _____
_____
Seeing a psychiatrist/psychologist? _____
Attempted suicide? If yes, date(s): _____

Lung Disorder History

Type of Disorder (asthma, bronchitis, COPD, emphysema, etc.):
_____
_____
_____
Treatment: _____
Severity: _____
Frequency of attacks: _____
Dates of hospitalizations/ER visits: _____

MVR/Recreational Hobbies/Hazardous Occupation

Record all **driving infractions** for the past 10 years

Type	Yes/No	Date(s) of Ticket(s)	Explanation of Penalty *(Fines, Community Service, Probation, Jail Time, Etc.)*	Loss or Suspension of License
Speeding Tickets				
DWI/DUI				
Tickets (Reckless Driving, Etc.)				

Record any **dangerous recreational hobbies.**

Type (Sky Diving, Climbing, Motor Sports, Flying)	Description of Activity

Record any current **hazardous occupation**.

Occupation	Description of Job

Criminal Activity

Record all charges for **criminal activity.**

Offense	Date of Offense	Misdemeanor or Felony	Explanation of Penalty	Probation End Date

Additional Information

Please include any Health History that was not covered in above areas. Also, include any additional information that you may have regarding the above areas. If this is a rush, please indicate when needed by. For certain risk assessments, we are at the mercy of the carriers to get back to us. Please allow extra time so we can find you the best carrier given the information provided.

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Submitting an effective cover letter with the application can go a long way in the underwriting process. It can speed up the process and possibly avoid a quick decline. Provide financial, medical, and lifestyle details to give the underwriter a more accurate portrait of your client.