



Simplicity Red Bank  
 10 Mechanic Street, Suite 140  
 Red Bank, New Jersey 07701  
 P: 212.594.9890  
 F: 212-594-9435

## Informal Inquiry

Not an application for life insurance. The informal inquiry is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classifications.

### GENERAL INFORMATION

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female Social Security #: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Total Net Worth: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. Has the client ever smoked cigarettes?  Yes  No  
 If yes, please indicate date of usage: \_\_\_\_\_

2. Has the client ever used other tobacco or nicotine containing products?  Yes  No  
 If yes, please indicate date of usage: \_\_\_\_\_

### ADVISOR INFORMATION

Advisor Social Security #: \_\_\_\_\_ Advisor E-mail: \_\_\_\_\_

Advisor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Advisor Fax: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_

Advisor's Assistant Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PLAN INFORMATION

Plan of Insurance you are inquiring about:  Whole Life  Universal Life  Term Life  Single Prem.

Death Benefit Desired: \_\_\_\_\_ Premium Budget: \_\_\_\_\_ Premium Mode: \_\_\_\_\_

How much insurance is in-force now? \_\_\_\_\_ Owner: \_\_\_\_\_

Has this case been submitted to other companies in the past 6 months?  Yes  No

If yes, please list below:

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Company	Date Submitted	Action Taken

### MEDICAL INFORMATION

Has the proposed insured had any significant weight change (10lbs. or more) over the last 12 months?  Yes  No

If yes, please explain the reason for weight change: \_\_\_\_\_

List all medication the client is currently prescribed or has been prescribed in the last 12 months including dosage:

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**Family History:** Has any immediate family member (parent/sibling) been diagnosed or died from heart disease, cancer, stroke or diabetes?  Yes  No

If yes, please provide details below:

Relation	Diagnosis	Approx. Age of Onset	Age Now or at Death

Current Blood Pressure: \_\_\_\_\_ Current Cholesterol Level: \_\_\_\_\_ Ratio: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_



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Please list all doctors seen in the last 5 years along with reason for visit:

Name & Specialty	City, State	Phone Number	When/Why?

**CORONARY** – *Only complete if applicable*

Date of Diagnosis or First Chest Pain: \_\_\_\_\_ Number of Diseased Vessels: \_\_\_\_\_

Dates/Details or Treatments/Surgeries (Example: Angioplasty, Bypass):

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Date of Last Stress EKG: \_\_\_\_\_ Physician that Completed: \_\_\_\_\_

City/State of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any pain since treatment/surgery?

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**CANCER** – *Only complete if applicable*

Exact Name and Location of Cancer: \_\_\_\_\_

Stage and Grade: \_\_\_\_\_

Physician Contact Information to Obtain Pathology Report: \_\_\_\_\_

Dates/Details or Treatments/Surgeries:

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#### **DIABETES – Only complete if applicable**

Date of Diagnosis: \_\_\_\_\_ Age of Onset: \_\_\_\_\_

Treatment (Check all that apply):

Diet Only    Oral Medication    Insulin    Other (Specify) \_\_\_\_\_

Do you regularly test your blood for glucose?    Yes    No      Average Result: \_\_\_\_\_

Latest Result of Glycohemoglobin (A1C) Test: \_\_\_\_\_ mg%

Have you ever been diagnosed with having protein and/or microalbumin in your urine?    Yes    No

Have you ever had any of the following? (Check all that apply)

Eye Trouble    Heart Trouble    High Blood Pressure    Kidney Trouble    Neuritis/Neuralgia

Have you ever had any reaction to insulin treatments?    Yes    No

#### **DRUG/ ALCOHOL ABUSE – Only complete if applicable**

Do you currently drink alcohol?    Yes    No      Date of last consumption: \_\_\_\_\_

Type	Frequency



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Have you ever consulted a doctor or received treatment for alcohol abuse? [ ] Yes [ ] No

Have you ever been arrested for driving under the influence of alcohol? [ ] Yes [ ] No

If Yes, Date: \_\_\_\_\_

Have you ever consulted a doctor or received treatment for drug abuse? [ ] Yes [ ] No

Types of Drugs Used: \_\_\_\_\_

Date(s) Last Used: \_\_\_\_\_ Are you currently involved in a 12-Step Program: [ ] Yes [ ] No

HAZARDOUS ACTIVITIES – Only complete if applicable

Are you a private pilot? [ ] Yes [ ] No (If yes, please provide the details below):

How many total hours have you flown as a Pilot in Command? \_\_\_\_\_ How many hours do you fly per year? \_\_\_\_\_

Are you IFR (Instrument Flight Rated)? [ ] Yes [ ] No

Do you participate in any of the following activities? (Check all that apply)

[ ] Scuba Diving [ ] Bungee Jumping [ ] Ultralight Flying [ ] Sky Diving [ ] Mountain Climbing

[ ] Hang Gliding [ ] Auto Racing [ ] Motorcycle Racing [ ] Other (Details): \_\_\_\_\_

(If you checked any of the above activities, please contact our New Business department for additional information forms that may be required to complete the underwriting assessment.)

Hazardous Activities: Please provide any additional information you feel necessary to enhance our underwriting process:

Five horizontal lines for providing additional information on hazardous activities.