Life Insurance Client Questionnaire

Craig Darnell, CFP®

Date: _____ Client Phone: _____

Section I.

Name:_____ Birthday: _____

Name:_____ Birthday: _____
(Provide second name only if spousal coverage requested)

Type of coverage: Term Universal Life Variable Universal Life

Permanent (whole) Other: _____

If Term, period of coverage: 5yr 10yr 15yr 20yr 25yr 30yr

Amount of coverage: $ _____

Riders requested: Waiver of premium Spousal Child

Section II.

Basic underwriting issue:	Client 1	Client 2
Do you currently have coverage? (Y or N)	_____	_____
Have you used any tobacco products in the last 5 years? (Y or N)	_____	_____

Please list any health issues that you have no or have had (i.e. surgeries, heart issues, arthritis, cancers, high blood pressure, etc.). Also list prescription drugs currently used:

Client 1 _____

_____

_____

Client 2 _____

_____

_____

Special Notes _____

_____

_____