

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_ (M or F): \_\_\_\_\_ Age: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Max Premium \$: \_\_\_\_\_ / year Type: (UL, WL, Term, or Survivorship) \_\_\_\_\_

Do you currently smoke cigarettes? (Y or N): \_\_\_\_\_ If no, did you ever smoke: (Y or N): \_\_\_\_\_ Quit date: \_\_\_\_\_

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: \_\_\_\_\_

When did you last use any form of tobacco: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Type used last: \_\_\_\_\_

Type of bankruptcy: Y or leave blank...

Chapter 7 \_\_\_\_\_ Chapter 11: \_\_\_\_\_ Chapter 12: \_\_\_\_\_ Chapter 13: \_\_\_\_\_ Other: \_\_\_\_\_

When will it be discharged? \_\_\_\_\_

Are they on a payment schedule? Y or N \_\_\_\_\_ Amount owed:? \_\_\_\_\_

Amount being paid and at what rate? \_\_\_\_\_

Have all payments made been on schedule? Y or N \_\_\_\_\_

What are the circumstances behind filing for bankruptcy? \_\_\_\_\_

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