

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: _____

How frequently does your client use marijuana and in what form? *Please describe.*

Details should include how often (daily, weekly, monthly, etc.) , last time used, and if they are smoking, vaping or eating edibles.

Does your client use marijuana for medical purposes? If so, do they have a prescription card? What condition are they treating?

Is there any history of drug or alcohol treatment? *Please describe.*

Does your client use tobacco products? *Please describe.*
