

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: _____

Citizen of Country _____

To what countries do you intend to travel? _____

Purpose(s) of trip(s)? _____

What cities will you be visiting? _____

How often do you travel to these locations? _____

Please give dates of travel or residence:

From (month and year): _____ To (month and year): _____

From (month and year): _____ To (month and year): _____

From (month and year): _____ To (month and year): _____