



Individual Life Proposal Request
Email or Fax Completed Form
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Fax: 706-320-3848

Client Information:

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Nicotine Use

Nicotine Use Yes No Quit When \_\_\_\_\_

Form: Cigarettes Cigars Chewing Tobacco Other \_\_\_\_\_

Rate Class Desired Best Rate Preferred Standard Rated \_\_\_\_\_

Occupation & Duties: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Plan of Insurance:

Term Years ROP Term Years Universal Life Indexed Universal Life Whole Life

Amount of Insurance: \_\_\_\_\_

Riders: Waiver of Premium Child Rider Accidental Death Benefits: \_\_\_\_\_

Long Term Care Critical Illness

Life Insurance Retirement Plan (Minimum Non-Mec Death Benefits):

Annual Contribution: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Year Income to Start: \_\_\_\_\_ Year Income to End: \_\_\_\_\_

Illustrated Rate: \_\_\_\_\_ (6% Suggested)

Medical History:

Has the Client Been Treated for Any of The Following?

Alcohol/Drugs Cancer Diabetes Hypertension Depression

Lung Disorders Sleep Apnea Other \_\_\_\_\_

General Health Details:

Treatments (Within the Last 5 Years)

Medication(s) (Name & Dosage)

Family History: (Parents & Siblings) Deceased of Heart Disease Prior To Age 60

Yes No If Yes, Details: \_\_\_\_\_

Driving History: In the Past 10 Years, Has the Client Had Any Of The Following Motor Vehicle Related Incidents?

Moving Violation Reckless Driving DUI License Suspended or Revoked

If Yes, Details: \_\_\_\_\_

Visit our Website at www.cunninghaminsuranceinc.com for additional sales tools.