



Lennon Insurance Agency, Inc.

LIFE INSURANCE QUESTIONNAIRE

Name: _____

Address: _____

Phone: Day (____) _____ Evening (____) _____ Cell (____) _____

Email Address _____ Occupation _____

Date of Birth _____ Marital Status _____ Soc Sec # _____ - _____ - _____

When did you last use tobacco or nicotine? _____ Type? _____

Height/Weight _____ Income _____ Household _____

Are you now taking Blood Pressure Medication? _____

Are you now taking Cholesterol Medication? _____

Do you have a history of ANY medications? _____ Type? _____ When? _____

Do you have any history of Cancer, Diabetes (A-1c treatment), Heart Disease, Mitral Valve Prolapse, or Stroke? If so, please provide details (what, when, etc....) _____

Do you have any history of Asthma, Depression, Anxiety, or Sleep Apnea? If so, please give details _____

Has any family member (parents or siblings) been diagnosed with cancer, heart disease, or stroke prior to the age of 60? _____ Death prior to age 60? _____

Have you had any moving violations within the past 3 years? _____ If so, how many? _____

Do you intend to travel outside the United States and Canada within the next two years? _____

If yes, where? _____

Amount of existing Life Insurance? _____ Will you be replacing coverage? _____

How much are you interested in obtaining? _____

Is there a history of any health issues (other than above)? _____ If so, please give details _____

Sign Name

Print Name

Date