



Oberlin Marketing

Supporting the direction of your business

800-486-9739 Fax 260-492-2711

wminnick@oberlinmarketing.com

Life Insurance

Agent _____

Email _____

Phone () _____ - _____

Fax () _____ - _____

Client

Male Female DOB _____

Non-Tobacco Tobacco

Never Cigarettes # per day _____

Quit _____ Cigar # per week _____

Pipe # per week _____

Chew # per week _____

State _____

Height _____

Weight _____ U S Citizen Yes No

Do any of these activities apply?

- Aviation
- Foreign Travel
- Mountain Climbing
- Racing
- Scuba/Skin Diving
- Sky Diving

If yes, will need a questionnaire completed with details.

Moving Violations last 5 yrs

Date _____ Type _____

Date _____ Type _____

Date _____ Type _____

Requested Company _____

Plan: Term 1 5 10 15 20 25 30

Universal Life

Whole Life

2nd to Die

Simplified

Guaranteed

Face Amount \$ _____

UL Premium _____ Yrs to Pay _____

Death Benefit Option Level Increasing

1035 \$ _____

Riders

Waiver of Premium

Return of Premium

Childrens Term \$ _____ Ages _____

Accidental Death

Guaranteed Insurability

Spouse DOB _____ \$ _____

Tobacco yes no

Include health history under details

Disability Income \$ _____

2 Year 5 Year

Occupation _____

Competition

Premium to Beat \$ _____

Has client been Rated Declined

Company _____ Reason _____

Blood Pressure _____ Cholesterol _____

Current meds, dosage & reason

- Alcohol / Drug Treatment ⇄
- Asthma ⇄
- *Cancer ⇄
- *Depression ⇄
- *Diabetes ⇄
- *Heart ⇄
- Hepatitis ⇄
- Kidney or Liver disease ⇄
- Sleep Apnea ⇄
- *Stroke/TIA ⇄
- Other ⇄

****If yes,
will need a
completed
questionnaire
with details.
See "Impaired
Risk" for
questionnaires.***

Family History - Cancer or Heart death or diagnosis in
parents or siblings - who-what-when

Details of personal health & family history:

- Mail
- Fax
- Email
- Phone

**Remind your client to abstain from food and drink for
12 hours prior to having blood drawn.**