BDLife212°
the extra degree

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Preliminary Inquiry (Confidential) – NOT an application for insurance

AGENT NAME:		E-MAIL:	
ADDRESS:		CITY:	STATE: / ZIP:
PHONE:	FAX:	Is this case being shopped? Y N	If yes, where?
Is a Trial or Formal application pending or contemplated with any Insurance Company? Y N	If yes, what Company(s)?		

PROPOSED INSURED'S FULL NAME	SEX	D.O.B.	HEIGHT	WEIGHT	SOCIAL SECURITY NO.

PRESENT ADDRESS	PLACE OF BIRTH

OCCUPATION	TITLE/POSITION	JOB DUTIES	HOW LONG

AVOCATION	TOBACCO USE WITH-IN THE LAST FIVE YEARS
Scuba Diver, Personal Aircraft Pilot, Motorcar or Motorcycle Racer, Sky Diver, Other, please list:	Y, if yes, what type N

AMOUNT OF PROPOSED INSURANCE	TYPE OF COVERAGE	TYPE OF PLAN	BENEFICIARY
	Individual Survivorship	Term UL WL VUL	

IS THIS A REPLACEMENT POLICY? Y N **IF YES, PLEASE COMPLETE THE FOLLOWING:**

COMPANY(S)	COVERAGE AMOUNT	ISSUE DATE	RATING	PLAN TYPE	SURRENDER VALUE

HAVE YOU EVER BEEN DECLINED FOR COVERAGE OR BEEN RATED? Y N **IF YES, PLEASE COMPLETE THE FOLLOWING:**

COMPANY(S)	DATE	RATING	REASON (PLEASE BE SPECIFIC)

IS THIS A PRELIMINARY INQUIRY FOR A LIFETIME SETTLEMENT? Y N **IF YES, PLEASE COMPLETE THE REVERSE SIDE TOO**

PHYSICIANS AND/OR HOSPITALS CONSULTED	DATE	CONDITIONS CONSULTED & TREATMENTS RECEIVED (IF ANY)
Name: Address: Phone/Fax #:		
Name: Address: Phone/Fax #:		
Name: Address: Phone/Fax #:		

MEDICATIONS CURRENTLY PRESCRIBED:		DOSAGE:	
1)	3)	1)	3)
2)	4)	2)	4)

HAD A PARENT, BROTHER OR SISTER WHO HAD CANCER, DIABETES, HEART DISEASE OR WHO COMMITTED SUICIDE? Y N

Relation:	Diagnosis:	Onset:	Death:
Relation:	Diagnosis:	Onset:	Death:
Relation:	Diagnosis:	Onset:	Death: