agape insurance

QUICK FACT-FINDER TOOL

All personal information protected by HIPAA regulations (see HIPAA Form attached with supplemental forms)

Completion of a FACT FINDER will accelerate the underwriting process

Agent name: Dan Neils

Agent phone number 503-650-4325 Fax 503-863-3821 E-Mail Address: danneils@gmail.com

Proposed Insured's legal name: _____ Date of Birth/Age: _____

Plan of Insurance requested:

Individual: ☐ Term ☐ Universal Life (Cash Value

NOTES REGARDING APPLICATION:

The purpose of this questionaire is to determine what 'Class' you will likely (not guaranteed) qualify for if you submit an application. All Life insurance can be applied for without risk: 1. You submit the application. 2. The Company underwrites the application and pays for any of their requirements such as an in-home paramedical exam, resting E.K.G, or DMV & Credit reports. 3. The Company offers you a policy and price tier such as Standard, Preferred, or a higher rating. 4. You have a 20 day free-look period to decide whether to accept the policy or not, or request a different benefit. For example: You may apply for a 10 year, $500,000 benefit, expecting a Preferred Rating for $40.00 per month. After Underwriting let's say the company offers you instead a Standard Rated plan for $55 per month. Your options would be to accept the offer, or ask for perhaps a lower death benefit such as $350,000 to meet your desired $40.00 premium. This all to say the final offering is known after Underwriting.

What is your desired Death Benefit: $100,000, $250,000, $500,000, $1,000,000 Another option? ☐

How many years would you like to premium guaranteed? 10 years, 15 years, 20 years, other?

Do you have a budgeted amount you would like to pay at a maximum?

Present Nicotine Use:

☐ None ☐ Cigarettes—frequency of use per day: _____

☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other: _____

Quantity per month _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use: _____

_____

Build: Height: _____ feet ____ inches Weight: _____pounds

Family History *(Family history is a consideration for each rate class):*

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? ☐ Yes ☐ No

If yes, provide full details with impairment, age at onset and age at death if deceased:

☐ Father: _____

☐ Mother: _____

☐ Siblings: _____

Blood Pressure and Cholesterol:

Latest BP reading: _____/_____Latest total cholesterol: _____mg Latest cholesterol/HDL ratio: _____

Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, Name of medication: _____

Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, Name of medication: _____

FOR DIABETICS: What was your last A1C reading and when was it last taken?

agape insurance

PLEASE BE HONEST IN THIS QUESTIONAIRE AS THE TRUTH WILL ALWAYS COME OUT DURING THE UNDERWRITING PROCESS

QUICK FACT-FINDER TOOL

Aviation/Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?

☐ None ☐ Flying ☐ Racing ☐ Sky diving ☐ Scuba diving ☐ Other

Details: _____

Citizenship/Residency/Travel:

US Citizen: ☐ Yes ☐ No

If no, provide type and expiration date of visa, green card status, and length of time in USA: _____

_____

OTHER MEDICATIONS

completing any application(s) ☐ No ☐ Yes (provide purpose, cities, countries, frequency, and duration): _____

_____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

☐ Moving violation ☐ Reckless driving ☐ DWI or DUI ☐ License suspension ☐ License revoked

Provide dates, details: _____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

☐ Alcohol abuse
☐ Alzheimer's/dementia/cognitive impairment
☐ Asthma
☐ Cancer
☐ Cirrhosis
☐ COPD
☐ Coronary artery or cerebrovascular disease
☐ Crohn's disease
☐ Depression/anxiety
☐ Diabetes
☐ Drug abuse
☐ Epilepsy
☐ Heart murmur/valve disease
☐ Hepatitis
☐ Irregular heartbeat/palpitations
☐ Kidney disease
☐ Lupus
☐ Multiple sclerosis
☐ Peripheral vascular disease
☐ Rheumatoid arthritis
☐ Sleep apnea
☐ Stroke
☐ Other

Please offer brief detail to any box you checked yes to above. Please also list any and all prescribed medications you have taken in the past 6 months, as well as whether you have been to counseling in the past year.

_____

_____

_____

_____

_____

_____

_____