



Vital Guidance Insurance Worksheet

Agent Name: _____ Client State: _____ Client Phone: _____

Client Last Name: _____ First Names: _____

1. Who is quote for? Self Spouse Child Male Female Male Female

2. What is your date of birth? _____

3. Do you use tobacco or nicotine products? Yes No Yes No

4. If Yes, what do you use? _____

5. What is your height and weight? _____

6. Do you have any history of High Cholesterol, Blood Pressure, Heart Disease, Stroke, Cancer Or Diabetes? (what condition/s) : _____

7. If Diabetes Type: 1 2 Year Diagnosed: _____ A1C or Blood Sugar: _____

8. In your immediate family, like your parents and siblings, PRIOR TO AGE 60, do they have any history of Heart Disease, Stroke or Cancer? Yes No Yes No

9. Have you had any surgeries in the past 10 years? Yes No Yes No

10. Are you (either of your) currently taking any medications? Yes No Yes No

11. Do you have any other medical conditions? Yes No Yes No

12. When was your last Doctor visit with exam and bloodwork? (year) _____

13. Have you ever committed a felony, been on probation or had a DWI?

14. What? _____ Date of Offense? _____ When off Probation? _____

15. What is your occupation? _____

16. Annual income? _____

17. How many children do you have? _____ Their ages: _____

18. How much insurance coverage are you looking for? _____

19. What is the purpose of the coverage? _____

20. How much do you want to put towards your coverage monthly? _____

21. Are you interested in products with Living Benefits? Yes No Yes No

22. Are you interested in products that will grow your money? Yes No Yes No

23. Do you currently own life insurance away from work? Yes No Yes No

24. What company, Year purchased, Type, Monthly Cost _____

25. Do you own a home? Y N Y N What is the original mortgage Amount? _____

26. Amount of other mortgages or loans: _____



First Names: _____

27. What is the condition/surgery?

28. When was it diagnosed?

29. How is it being treated? (meds/dosage)

30. Is your condition under control?

31. Is it mild, moderate or severe?

32. What is the condition/surgery?

33. When was it diagnosed?

34. How is it being treated? (meds/dosage)

35. Is your condition under control?

36. Is it mild, moderate or severe?

37. What is the condition/surgery?

38. When was it diagnosed?

39. How is it being treated? (meds/dosage)

40. Is your condition under control?

41. Is it mild, moderate or severe?

Questions for IUL cases

42. What death benefit do you want? _____

43. Do you want a level or increasing death benefit?

LEVEL INCREASING

44. How long do you want to pay the Premium?

Years or Age _____

45. How long do you want the death benefit to last? Age 85 90 100 110 _____

46. Do you want minimum, medium or max funding of your IUL? _____

47. Are you more interested in life insurance first and making extra payments into your plan?

Yes No

48. Are you interested in making larger payments initially to immediately start funding your plan?

Yes No

49. Do you have qualified or non-qualified money to place into your plan initially?

Yes No

How much? _____ From where? _____

50. When do you want to retire or start receiving payments? _____

51. How much do you want to put towards their plan monthly? _____

52. Additional info: _____
