



Client Data			
Client Name/Address	Date of Birth		Height
	Male	Female	Weight

Coverage	
Amount of Insurance Desired	Amount of Insurance Currently Inforce
Where have you applied or submitted within the past 6 months and what underwriting offers have been received?	

Tobacco Use			Family History						
Type	Quantity	Year Quit		Heart	Diabetes	Cancer	Age If Living	Age at Death	Cause of Death
Cigarettes			Father						
Cigars			Mother						
Chew			Brothers						
Patch/Gum			Sisters						

Hazardous Activities		Foreign Travel/Residency		
Pilot		Country Visited	Amount Last Year	Amount planned next two years
Scuba				
Racing				
Other		Citizenship	VISA Status/Type	

Physician/Hospital History <i>(Please list all Physicians/Hospitals visited in last 10 years.)</i>		
Name/Address	Telephone	Date/Reason

Prescription History		
Drug prescribed (Include dosage)	For what condition	Date when first prescribed

Once completed please send to John Haugh at [haugh@tpbgllc.com](mailto:haugh@tpbgllc.com)