



| Client Data | | | |
|--------------------------------|---------------|--------|--------|
| Client Name/State of Residence | Date of Birth | | Height |
| | Male | Female | Weight |

| Coverage | |
|--|---------------------------------------|
| Amount of Insurance Desired | Amount of Insurance Currently Inforce |
| When was the last time you applied for life insurance and do you recall the outcome? | |

| Smoking | | | Family History | | | | | | |
|---|---------------|-----------|----------------|-------|----------|--------|---------------|--------------|----------------|
| Tobacco Use? Yes/No: _____ | | | Father | Heart | Diabetes | Cancer | Age If Living | Age at Death | Cause of Death |
| Type | Quantity | Year Quit | | | | | | | |
| Cigarettes | | | | | | | | | |
| Cigars | | | | | | | | | |
| Chew | | | | | | | | | |
| Patch/Gum | | | Mothers | | | | | | |
| Marijuana Use? Yes/No: _____ | | | | | | | | | |
| Use per week: _____ | Years : _____ | | | | | | | | |
| Medical or Recreational? _____ | | | | | | | | | |
| If medical, for what reason was the prescription written? _____ | | | | | | | | | |
| Form (smoke, edible, vape, etc.): _____ | | | | | | | | | |

| Foreign Travel/Residency | | |
|--------------------------|------------------|-------------------------------|
| Country Visited | Amount Last Year | Amount planned next two years |
| Citizenship | | |
| VISA Status/Type | | |

| Physician/Hospital History <i>(Please list all Physicians/Hospitals visited in last 5 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

If you have any questions, contact John at 201.400.5873

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