



**CAREY**  
Benefit Associates

**CAREY BENEFIT ASSOCIATES**

Chase Carey, MBA, President --

Chase@CareyBenefits.com

1050 Longpointe Pass, Suite 100, Alpharetta, GA  
30005-2281

Office: 770.751.6460 eFax: 678.868.1892

**LIFE INSURANCE INQUIRY FORM**

The Purpose of This Form Is To Determine, Up Front, As Best As Can Be Done, The Very Best Health Rating, And Therefore The Lowest Rate, That Your Health Will Qualify You For

	Primary Applicant		Second Applicant	
Name				
State You Live In   Zip Code				
Gender				
Date of Birth   Age				
Tobacco User (Y/N) If Yes, # Cigarettes, Cigars, Etc. Per Day and For How Many Years	# per day	How many years?	# per day	How many years?
Height   Weight				
Current Rx 1   Diagnosis/How Long				
Current Rx 2   Diagnosis/How Long				
Current Rx 3   Diagnosis/How Long				
Any Surgeries, Hospitalization in Last 10 Years? Date, Diagnosis, and Outcome				
Any Current or Chronic Health Conditions, including DIABETES, Heart Condition, Circulatory condition: Name and Prognosis				
Occupation				
Family Health History: Did Mother of Father Have Serious Illness, Such as Cancer or Heart Disease				
Age of Your Father at His Death   Cause of Death				
Age of Your Mother at Her Death   Cause of Death				
Dangerous Activities (e.g., Scuba, Flying, Parachuting, etc?)				
If Applying for Life Insurance, What Will You Use It For?	To replace lost income and to support my family.			
Moving Auto Violations in Last 5 Years? If Yes, When and For What?				
DUI's and/or Drug Arrests--Details				
<b>Amount of Insurance Interested In</b>	\$ _____		\$ _____	

**THE BROKER YOU TRUST.....THE BROKER YOU**