



# Life Insurance Factfinder

Please work with your client to complete this form.

## Section 1—Client Information

*If more than one client, please fill out additional Client Information page.*

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: (\_\_\_\_) \_\_\_\_\_

Client's Name: \_\_\_\_\_ State: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

Has tobacco use status changed since current policy was issued?  Yes  No

Did client ever use tobacco in any form (cigarettes, cigars, chewing tobacco, etc)?  Yes  No

If YES, please specify the form of tobacco and the quantity used: \_\_\_\_\_

If client no longer uses tobacco in any form, when did client quit? \_\_\_\_\_

Has health changed since current policy was issued?  Yes  No

Build: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any weight change (ten pounds or more) in the last year?  Yes  No If YES, how much? \_\_\_\_\_

Reason for weight change: \_\_\_\_\_

List Medication(s) including the dosage: \_\_\_\_\_

Does the client have parents or siblings with history of or death from cancer, heart attack or diabetes?  Yes  No

Indicate age(s) of onset or causes: \_\_\_\_\_

Current Blood Pressure: \_\_\_\_ / \_\_\_\_ Current Cholesterol Level: \_\_\_\_ Ratio: \_\_\_\_ HDL: \_\_\_\_ LDL: \_\_\_\_

Are you a U.S. citizen?  Yes  No If NO, please note immigration status: \_\_\_\_\_

Check all boxes applying to health, treatment, avocations, etc. If any boxes have been checked, complete the corresponding

Preliminary Inquiry Form located in the Underwriting section of [www.rampartamerica.com](http://www.rampartamerica.com) or contact our offices.

- Alcohol/Drugs
- Aviation
- Cancer
- Cardiac
- Criminal Background
- Depression
- Diabetes
- DUI/DWI
- Foreign Travel
- Hypertension
- Lung Disorders
- Racing
- Scuba Diving
- Sleep Apnea
- Sky Diving
- Other (List Below) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please list all doctors seen in the last five years:

NAME AND SPECIALITY	CITY, STATE	PHONE NUMBER	WHEN? / WHY?



Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: (\_\_\_\_) \_\_\_\_\_

### Section 3—Information on Existing Life Insurance (2)

*A separate section should be prepared for each existing policy. Please fill out as completely as possible.*

Name of the Current Company: \_\_\_\_\_ What is the Policy Number? \_\_\_\_\_  
What is the current Death Benefit? \$ \_\_\_\_\_ What is the current billed Premium? \$ \_\_\_\_\_  
What is the current Cash Surrender Value? \$ \_\_\_\_\_ What is the Premium currently being paid? \$ \_\_\_\_\_  
What is the Policy Issue Date? \_\_\_\_\_

#### TYPE OF POLICY (check one)

Universal Life       Variable Universal Life       Term       Group Term

Participating Whole Life       Non-Participating Whole Life       Graded Premium       Other

Is this policy     Single Life    or     Joint Life?

Who is the Owner of the Policy? \_\_\_\_\_

Who is the Policy Beneficiary? \_\_\_\_\_

Are there any loans on the existing contract?     Yes     No      If YES—the loan amount: \$ \_\_\_\_\_

What is the premium basis (Total premiums paid to date)? \$ \_\_\_\_\_

Is this policy a MEC?     Yes    or     No

### Section 3—Information on Existing Life Insurance (3)

*A separate section should be prepared for each existing policy. Please fill out as completely as possible.*

Name of the Current Company: \_\_\_\_\_ What is the Policy Number? \_\_\_\_\_  
What is the current Death Benefit? \$ \_\_\_\_\_ What is the current billed Premium? \$ \_\_\_\_\_  
What is the current Cash Surrender Value? \$ \_\_\_\_\_ What is the Premium currently being paid? \$ \_\_\_\_\_  
What is the Policy Issue Date? \_\_\_\_\_

#### TYPE OF POLICY (check one)

Universal Life       Variable Universal Life       Term       Group Term

Participating Whole Life       Non-Participating Whole Life       Graded Premium       Other

Is this policy     Single Life    or     Joint Life?

Who is the Owner of the Policy? \_\_\_\_\_

Who is the Policy Beneficiary? \_\_\_\_\_

Are there any loans on the existing contract?     Yes     No      If YES—the loan amount: \$ \_\_\_\_\_

What is the premium basis (Total premiums paid to date)? \$ \_\_\_\_\_

Is this policy a MEC?     Yes    or     No

Tony Amato  
Phone # (516) 472-5980 Fax# (516) 472-5981 Email: Tony.Amato@Rampartlife.com