

# Pre Application Worksheet

The Dearborn Agency, Inc.  
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You can:  
Fax to 877-210-5837  
email to leads@thedearbornagency.com

For assistance, please call 1-800-614-1269

## Section 1: General Information

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Insurance (choose one):  Business  Divorce  Estate Taxes  Family  Mortgage or Debt  Pension  Other

## Section 2: Client Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female Height (ft & in) \_\_\_\_\_ Weight \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Best Time to Call (choose one):  Morning  Afternoon  Evening Best Place to Call (choose one):  Home  Work

Mailing Address (if different from household address)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REFERRAL COMPLETE. CONTINUE TO COMPLETE PRE-APPLICATION.**

## Section 3: General Health Questions

In the past 36 months, has the person to be covered used any form of tobacco?  Yes  No

In the past 60 months, has the person to be covered used any form of tobacco?  Yes  No

Has the person to be covered ever been treated or sought treatment for diabetes, heart disease, cancer, or cardiovascular disease?  Yes  No

Has the person to be covered ever sought treatment or been advised to seek treatment for the use of drugs or alcohol?  Yes  No

Has the person to be covered ever been treated for depression?  Yes  No

In the past 5 years, has the person to be covered been convicted of driving under the influence of alcohol?  Yes  No

In the past 3 years, has the person to be covered been convicted of 3 or more moving violations?  Yes  No

**Section 4: Quote Information** Base  CompanionTobacco Use:  Yes  No Quote Age \_\_\_\_\_ Term Period (choose one):  10 Year  15 Year  20 Year  30 YearRate Class (choose one):  Premier  Preferred  Select  Standard  Table \_\_\_\_\_Face Amount \_\_\_\_\_ Payment Mode (choose one):  Annual  Semi-Annual  Quarterly  MonthlyFlat Extra \_\_\_\_\_ Child Rider Coverage (choose one):  \$5,000  \$10,000  \$15,000  \$20,000

Premium Quoted \_\_\_\_\_

**Section 5: Additional Client Information**Is the owner the same as the insured?  Yes  No SSN \_\_\_\_\_ Birth state \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Driver's License State \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Specific Duties \_\_\_\_\_ Years Employed \_\_\_\_\_

**Section 6: Beneficiary Information**

Class	Relationship*	Percent	Class	Relationship*	Percent
Primary	_____	_____	Contingent	_____	_____
Primary	_____	_____	Contingent	_____	_____
Primary	_____	_____	Contingent	_____	_____
Primary	_____	_____	Contingent	_____	_____

\*Business, Business Partner, Child, Estate, Ex-Spouse, Fiancee, Other, Parent, Sibling, Spouse, Testamentary Trust, Trust

**Section 7: Pre-Application Health Questions**Is the person to be covered taking, or has the person to be covered ever been advised to take, any medication?  Yes  NoHas the person to be covered ever had, been treated for, or diagnosed with: high blood pressure, diabetes, elevated cholesterol, fainting, seizure, alcoholism, or depression?  Yes  No**Section 8: Other Insurance**Within the past 6 months, has the person to be covered applied for life insurance, or is the person to be covered currently applying with another company?  Yes  NoWill any existing life insurance or annuity be replaced or will values from another insurance policy or annuity be used to pay premiums for the policy applied for?  Yes  No If yes, must enter policy to be replaced below.Does the person to be covered have life insurance or annuities in force?  Yes  No If yes, must enter in force policy below.

Company Name	Face Amount	Purpose	Year Issued	Replacing	In Force
_____	_____	<input type="checkbox"/> Business <input type="checkbox"/> Personal	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Business <input type="checkbox"/> Personal	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Business <input type="checkbox"/> Personal	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No