

LIFE INSURANCE APPLICATION

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**Instructions: After completing application, download document and save. Email the saved PDF to:
brad.fiene@bjfinsuranceservices.com.**

PRIMARY PROPOSED INSURED

Personal Details

First Name				M.I.	
Last Name				SSN	
Date of Birth (mmddyyyy)	Age	Age Nearest	Save Age?		
			<input type="checkbox"/> yes		
Gender			U.S. Citizen or Permanent Resident Card holder?		
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> yes <input type="checkbox"/> no		
Birth State				Country of Birth	

Contact Information

Home Address- Street		
City		
State	Country	
Zip Code	Mobile phone	Home phone

Contact Information continued

Work phone

Preferred Number

Best Time to Contact

☐ Morning ☐ Afternoon ☐ Evening

Email Address

Driver's License Number

DL State

Employment Information

Are you actively at work?

☐ Yes ☐ No

Employer Name

Date of Employment (mmddyyyy)

of Hours Worked per Week

Job Duties

Personal Earned Income

Household Income

Net Worth

Coverage Information

Face Amount \$

Term Duration

Are you applying for multiple policies?

☐ Yes ☐ No

Coverage Information Continued

Do you have any existing annuity, life or disability insurance, and if so, please list:

Carrier Name

Policy Number

Carrier Name

Policy Number

Will you be replacing your current insurance with the new policy?

☐ Yes ☐ No

If yes, which current policy are you replacing?

Beneficiary Information

First Name #1

M.I.

Last Name

SSN#

Date of Birth (mmddyyyy)

Age

Share %

Relationship

Home Address-Street

City

State

Zip Code

Mobile #

Home #

Email Address

Beneficiary Information continued

First Name Bene#2

M.I.

Last Name

SSN#

Date of Birth (mmddyyyy)

Age

Share %

Relationship

Home Address-Street

City

State

Zip Code

Mobile #

Home #

Email Address

Contingent Beneficiary Information

First Name

M.I.

Last Name

SSN#

Date of Birth (mmddyyyy)

Age

Share%

Relationship

Home Address-State

City

State

Zip Code

Mobile #

Home #

Email Address

****Please use the end of the application to add additional beneficiaries/Contingent Beneficiaries***

Background Questions that must be answered

Does the Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years?

☐ Yes ☐ No

In the past five years, has the Proposed Insured flown as a pilot, student pilot or crew member of any aircraft, or have any intention to do so in the next two years?

☐ Yes ☐ No

In the past five years, has the Proposed Insured engaged in motor sports events or racing (auto, truck, motorcycle, boat, etc); rock or mountain climbing; skin or scuba diving; aeronautics, (hang-gliding, sky diving, parachuting, ultra-light, soaring, ballooning) or have any intention to do so in the next two years?

☐ Yes ☐ No

Has the Proposed Insured ever had an application for insurance modified, rated, declined, postponed or withdrawn?

☐ Yes ☐ No

Has the Proposed Insured ever filed for bankruptcy, or have the intention to seek bankruptcy protection within the next 12 months?

☐ Yes ☐ No

In the past five years, has the Proposed Insured pled guilty or been convicted of any driving violations to include driving under the influence of alcohol or drugs?

☐ Yes ☐ No

Has the Proposed Insured ever been convicted of, or currently charged with, a felony or misdemeanor?

☐ Yes ☐ No

Is the Proposed Insured an active duty service member of the U.S. Armed Forces?

☐ Yes ☐ No

Is there an intention that any party, other than the listed Owner or Beneficiary, will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured as a result of this application?

☐ Yes ☐ No

Does the Owner or the Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement?

☐ Yes ☐ No

Background Questions Continued

Is the Owner, or the Proposed Insured, or any person or entity, being paid (cash, services, etc.) as an incentive to enter into this transaction?

☐ Yes ☐ No

Has the Primary Proposed Insured ever use any form of tobacco or nicotine products?

☐ Yes ☐ No

USE THE SPACE BELOW TO WRITE IN ADDITIONAL BENEFICIARIES OR CONTINGENT BENEFICIARIES