LWT
Leisure Werden & Terry

Insurance Pre-Application

- Not an application for insurance
- All information will be kept in strictest confidence
- Minimum: $25,000 of premium/$5,000,000 of coverage

Applicant Information

Name	❑ Male ❑ Female		Social Security Number XXX-XX- __ __ __ __	
Address	City		State	ZIP
Daytime Phone	Evening Phone			
Date of Birth	Citizenship	Age	Height	Weight
Occupation	Income ❑ Monthly ❑ Annual		Net Worth	

Medical History

When did you last use any tobacco products? _____

Type of tobacco: ☐ Cigarettes ☐ Cigar ☐ Chewing Tobacco ☐ Pipe ☐ Other

Details: (Please give Frequency and Amount) _____

1. Who is your personal physician? (Doctor's name, address and phone number)
When did you last consult him/her?

	Date	Reason Seen

2. What other physicians have you consulted during the past five years?
(Do not include insurance examinations)

	Date	Reason Seen

3. In the last 10 years, have you been treated in any clinics, hospitals or mental institutions ?

	Date	Reason Seen

4. Please list all current medications and their dosages:

5. Have you ever been diagnosed with or treated by a member of the medical profession for:

a) Chest pain, shortness of breath, heart murmur, high blood pressure, stroke, irregular heart beat, or any other disease or disorder of the heart or arteries? ☐ Yes ☐ No

b) Diabetes or disease of any glands? ☐ Yes ☐ No

c) Mental or emotional disorder, nervous breakdown, convulsions, epilepsy, paralysis, or any other disorder of the brain or nervous system? ☐ Yes ☐ No

d) Arthritis, gout, or any bone, joint muscle or skin disorder? ☐ Yes ☐ No

e) Asthma, bronchitis, pneumonia, emphysema or any lung disorder? ☐ Yes ☐ No

f) Cirrhosis, hepatitis, ulcer, colitis, diverticulitis, ileitis, or other disease of the liver, gall bladder, pancreas, stomach or intestines? ☐ Yes ☐ No

g) Prostate or testicular disease; disease of the uterus, ovaries or breast? ☐ Yes ☐ No

h) Anemia, leukemia, clotting disorders, or platelet disorders? ☐ Yes ☐ No

i) Disorder of the urinary tract or kidneys — sugar, albumin or blood in the urine? ☐ Yes ☐ No

j) Cancer or tumors? ☐ Yes ☐ No

k) An operation or admission to a hospital or any other health care facility for observation, treatment of any illness (excluding HIV) or diagnostic tests (including treadmill stress test for insurance?) ☐ Yes ☐ No

l) Any other health impairment or medically treated condition not previously mentioned? ☐ Yes ☐ No

m) Within the last 10 years have you been diagnosed by a doctor as having Acquired Immune Deficiency Syndrome (AIDS)? ☐ Yes ☐ No

n) Do you have any history for treatment of alcohol or substance abuse? ☐ Yes ☐ No
If yes, please give details including: type, amounts used, rehab and dates.

Please produce details to any "yes" answers to above questions A-N in the space below. Attach additional pages if necessary. Please be specific with this information and include phone numbers — it will expedite the process!

6. In the last 5 years, does your driving history contain any violations or license suspensions? ☐ Yes ☐ No

If yes, please give the details:

7. Do you plan to travel outside the US for business or pleasure within the next 12 months? ☐ Yes ☐ No

If yes, please list details including dates, length of stay, countries and cities.

Avocation Activities

Private Pilot	☐ Yes	☐ No	Hang Gliding	☐ Yes	☐ No
Scuba Diver	☐ Yes	☐ No	Mountain Climbing	☐ Yes	☐ No
Sky Diving	☐ Yes	☐ No	Auto/Motorcycle Racing	☐ Yes	☐ No

If yes, details:

Family Health History (show age and present health, or if deceased, show age at death and cause of death.)

	Age if Living	Present Health	Age at Death	Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				

Is there a history of heart disease, stroke, circulatory disorder, kidney disease? ☐ Yes ☐ No

Is there a history of cancer (all types)? ☐ Yes ☐ No

Proposed Plan of Insurance (must be completed)

☐ Term
☐ Universal Life
☐ Variable Life
☐ Variable Universal Life
☐ Individual
☐ Survivorship

Face Amount $ _____ Premium $ _____

Owner	Beneficiary	Relationship

Have you ever had an application for life insurance declined, postponed, rated substandard or offered with a reduced face amount?

☐ Yes ☐ No

If yes, please give the details

Other Insurance on Proposed Insured

Total amount in force $ _____

Is any application for life insurance pending with any other company? ☐ Yes ☐ No

Date of last application _____

Company(s) _____

_____

Is existing insurance coverage being replaced? ☐ Yes ☐ No

If yes, total coverage being replaced $ _____

Company(s) _____

_____

Agent Information

Name	Firm Name
Phone Number	Fax Number/Email

Premium Intent

1. How was the face amount determined on this case?

_____

2. Has your client completed a Life Settlement transaction in the last thirty (30) months? ☐ Yes ☐ No

If yes, please give the details:

_____

_____

_____

3. Is this case intended to be: ☐ Premium Financed ☐ Bank Financed

4. If financed, provide details including who/where the financing will be obtained from:

_____

5. If not financed, advise source of premiums:

_____

LWT

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