NAILBA
NAILBA University

QUICK FACT-FINDER TOOL

All personal information protected by HIPAA regulations (see HIPAA Form attached with supplemental forms)

Completion of a FACT FINDER will accelerate the underwriting process

Agent name: _____

Agent phone number _____ E-Mail Address: _____

Proposed Insured's legal name: _____ Date of Birth/Age: _____

Plan of Insurance requested:

Individual: ☐ Term ☐ UL ☐ VUL ☐ WL **Survivorship:** ☐ SUL ☐ SVUL ☐ SWL

Rate Class Desired

☐ Best Rate
☐ Preferred
☐ Standard
☐ Rated: _____

Has this case been discussed or submitted to your BGA on a preliminary, trial, or informal basis? ☐ Yes ☐ No

Client's budget: $ _____

Present Nicotine Use:

☐ None ☐ Cigarettes—frequency of use per day: _____

☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other: _____

Quantity per month _____

Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use: _____

_____

Build: Height: _____ feet ____ inches Weight: _____pounds

Family History *(Family history is a consideration for each rate class):*

To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, cerebrovascular disease, diabetes, or cancer? ☐ Yes ☐ No

If yes, provide full details with impairment, age at onset and age at death if deceased:

☐ Father: _____
☐ Mother: _____
☐ Siblings: _____

Blood Pressure and Cholesterol:

Latest BP reading: _____/_____Latest total cholesterol: _____mg Latest cholesterol/HDL ratio: _____

Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, Name of medication: _____

Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, Name of medication: _____

QUICK FACT-FINDER TOOL—CONTINUED

Aviation/Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?

☐ None ☐ Flying ☐ Racing ☐ Sky diving ☐ Scuba diving ☐ Other

Details: _____

Citizenship/Residency/Travel:

US Citizen: ☐ Yes ☐ No

If no, provide type and expiration date of visa, green card status, and length of time in USA: _____

_____

Any future plans to live or travel outside the USA? *check with your Brokerage General Agency regarding state compliance prior to completing any application(s) ☐ No ☐ Yes (provide purpose, cities, countries, frequency, and duration): _____

_____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

☐ Moving violation ☐ Reckless driving ☐ DWI or DUI ☐ License suspension ☐ License revoked

Provide dates, details: _____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

- ☐ Alcohol abuse
- ☐ Alzheimer's/dementia/cognitive impairment
- ☐ Asthma
- ☐ Cancer
- ☐ Cirrhosis
- ☐ COPD
- ☐ Coronary artery or cerebrovascular disease
- ☐ Crohn's disease
- ☐ Depression/anxiety
- ☐ Diabetes
- ☐ Drug abuse
- ☐ Epilepsy
- ☐ Heart murmur/valve disease
- ☐ Hepatitis
- ☐ Irregular heartbeat/palpitations
- ☐ Kidney disease
- ☐ Lupus
- ☐ Multiple sclerosis
- ☐ Peripheral vascular disease
- ☐ Rheumatoid arthritis
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Other

List dates, diagnosis, details, treatment, plus names, addresses, and phone numbers of all physicians consulted
(Refer to Common Medical and Non-Medical Impairment sections for critical underwriting factors):

_____

_____

_____

_____

_____

_____

_____

