



**BROKERAGE GROUP  
INTERNATIONAL, LLC**

**General Purpose Questionnaire**

Broker Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tobacco Use:  Yes  No Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Insurance Amount \_\_\_\_\_ Insurance Type  Term  Universal Life

**MEDICAL INFORMATION**

1. Please list illness: \_\_\_\_\_

\_\_\_\_\_

2. Please provide details: \_\_\_\_\_

\_\_\_\_\_

3. Please provide month and year the illness was diagnosed: \_\_\_\_\_

\_\_\_\_\_

4. What type of treatment was administered?

Surgery month/year \_\_\_\_\_

List medications and dosage \_\_\_\_\_

\_\_\_\_\_

Other types of treatment \_\_\_\_\_

\_\_\_\_\_

5. When was the last time you visited a physician about this disorder?

0-6 months  6-12 months  12-24 months  over 24 months ago

6. Please list last cholesterol reading (if known) \_\_\_\_\_

7. Please list last blood pressure reading (if known) \_\_\_\_\_

8. Do you regularly exercise 3 or more times per week?  Yes (type) \_\_\_\_\_

No

9. Please list any other illness or impairment \_\_\_\_\_

\_\_\_\_\_

10. Please list all medications currently being taken \_\_\_\_\_

\_\_\_\_\_

11. Has either parent, or any sibling, died before age 65, other than by accident?

Yes (cause) \_\_\_\_\_

No

12. Last life insurance applied for and result:

Company \_\_\_\_\_

Declined

Date \_\_\_\_\_

Postponed

13. Additional Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_