



**BROKERAGE GROUP  
INTERNATIONAL, LLC**

**Tobacco Questionnaire**

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

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

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

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

**CLIENT INFORMATION**

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

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

Occupation: \_\_\_\_\_

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

Death Benefit: \_\_\_\_\_  Second to Die  Variable

**TOBACCO INFORMATION**

Have you ever used tobacco or nicotine products?  Yes  No

If yes, what type of product did you use?  Cigarettes  Cigar  Pipe  Other

Additional Comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_