

LIFE INSURANCE FORM

Please email/fax back to your agent or Taylor@eiafl.com. Fax: 904-527-1318.

Preferred Agent (Optional): _____

GENERAL INFORMATION

First Name: _____ MI: _____ Last Name: _____

Age: _____ DOB: _____ Gender: _____ Height: _____ Weight: _____

Home Address: _____ City: _____ County: _____ State: _____ Zip: _____

Phone Numbers: Best: _____ Secondary: _____

E-mail Address: _____

Do you smoke Tobacco? _____ Do you chew Tobacco? _____ Do you Vape? _____ Do you any form of Marijuana? _____

If so, what type, how often & is it prescribed? _____

Do you have any infractions on your Motor Vehicle Report – if so, what are they: _____

Medications Name: _____ Condition: _____

Medications Name: _____ Condition: _____

Have you been Hospitalized within the past 10 years? If so, for what: _____

Do you have any felonies, mistermeaner, or Incarcerations? : _____

COVERAGE INQUIRIES

What amount of coverage are you requesting? _____

Do you have a specific plan type you're interested in? For example, whole life or term life? _____

Do you have existing life Insurance? If so, how much coverage, what plan type, with what company & do you plan on replacing any coverage? _____

Signature: _____ Date: _____



Elite Insurance Associates

1710 Shadowood Lane, Unit 240 Jacksonville, Florida 32207 904-527-1304

www.eiafl.com