



Pinnacle Insurance & Financial Services, LLC
7791 Belfort Parkway, Jacksonville, FL 32256
Attn: Underwriting (phone) 904-296-4100
(fax) 904-296-2352

Executive Marketing Insurers

Preliminary Fact Finder

Complete as much information as possible to facilitate the underwriting process

Agent Name: _____

Agent Phone Number: _____

Agent Phone Number: _____

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: _____

Face Amount Desired: \$ _____

Medical and Lifestyle Assessment

Present Nicotine Use:

[] None []Cigarettes - frequency of use per day: _____

[]Cigars []Pipe []Dip []Chew []Nicotine Gum []Other: _____

Quantity per month: _____

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

Build:

Height: ____ feet ____ inches Weight: _____ pounds.

Any 10# weight gain/loss in the past year? Details: _____

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, cerebrovascular disease, diabetes or cancer? [] No [] Yes

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: _____



Preliminary Fact Finder

Aviation/Avocation:

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

- None Flying Racing Sky Diving Scuba Diving Mountain Climbing Other:

Details:

Citizenship/Residency/Travel:

US Citizen: Yes No

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

Any future plans to live or travel outside of the USA? 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 DUI License suspension License revoked

Provide Dates and details:

Medical History (Detailed questionnaire may be required):

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

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

List all medications taken, dosage and/or frequency, the reason being taken, name of prescribing physician:

Blank lines for medication information

List all diagnoses, dates consulted and treatment details as well as names, addresses/phone numbers of all physicians consulted:

Blank lines for diagnosis and physician information