



American Indian Insurance Services

Life Insurance Questionnaire

Today's date: _____

Name of individual completing this form: _____

Proposed Insured Name: _____

Day Phone: _____ Evening Phone: _____

Street Address: _____ City & Zip: _____

Email Address: _____

Date of Birth: ___/___/___ Height: _____ Weight: _____

Do you Smoke? _____ If Yes, how often? _____

Are you taken any medications? (Circle One) YES NO Gender (Circle One) Male Female

If Yes, What kind of medication and for what condition?: _____

Are you Diabetic? _____ If Yes, what is your A1C Score? _____

What Amount of Insurance are you interested in?(Circle One)

\$10,000 \$50,000 \$100,000 \$250,000

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS IMPORTANT FORM. PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE BY MAIL, FAX, OR EMAIL TO:

Janice DesRosiers, Owner/Agent, CA Lic#: 0H79782 AZ Lic#: 114229

American Indian Insurance Services

2123 Third Street La Verne, CA 91750

Fax: (909) 593-4448 **QUESTIONS? (844) 611-5565**

Email to: Janice@americanindianinsurances.com