

# LIFE INSURANCE QUESTIONNAIRE



**Instructions**

Please answer each question, helping us prepare the most accurate quote.

**Questions?**

Call 800-323-6303 or 801-743-7788. Fax to: 801-685-2899 or email to: tvalentine@beehiveinsurance.com  
Mail to: Beehive Insurance Inc., attn: Todd Valentine, 302 West 5400 South, Suite 101, Murray, UT 84107

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Amount of Coverage: \$ \_\_\_\_\_  
50k to 10 million  
10 million + (call for custom quote)

Term length: \_\_\_\_\_  
5, 10, 15, 20, 25, 30 year (list more than one option if desired for comparison)

Rider options: \_\_\_\_\_  
Accidental Death, Waiver of Premium, Return of Premium, Child Rider

Payment option: \_\_\_\_\_  
Annual, Semi Annual, Quarterly, Monthly

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Height & Weight \_\_\_\_\_

Have you used any form of tobacco in the last 12 months? \_\_\_\_\_ Type? \_\_\_\_\_

Have you used any form of tobacco in the last 5 years? \_\_\_\_\_ Last used? \_\_\_\_\_

Have you been treated for any of the following?  
Cancer, High Blood Pressure, Diabetes, Asthma, Immune System Disorders, Depression/Anxiety, Heart Disease, High Cholesterol, Drug/Alcohol Abuse, Epilepsy, or similar  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted in reckless driving or driving under influence of alcohol or drugs in the last 5 years?  
\_\_\_\_\_  
\_\_\_\_\_

Are you a pilot or have a Hazardous avocation? (explain)  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any recent family history of cardiovascular disease?  
\_\_\_\_\_  
\_\_\_\_\_