

Kovack Insurance Services Inc.
Life Insurance Fact Finder

Version 2013.1

Kovack Agent Name: _____ Date _____

E-mail Address: _____

Client:

1. Name: _____ DOB: ___/___/___ Male Female

2. Name: _____ DOB: ___/___/___ Male Female

3. US Citizen? YES NO If traveling abroad, what countries? _____

4. Face Amount: \$ _____

5. Life Insurance Type: Whole Life Universal Life Term Life # of Yrs: _____

6. Single Pay: _____ Short Pay: _____

7. Tobacco Use: Non-smoker Smoker Other Tobacco Frequency: _____

8. Height: _____ Weight: _____

9. Dates and reasons for hospitalization in the past five years: _____

10. Family History: Has either parent died before the age of 60?

Mother? YES NO Reason/Condition: _____

Father? YES NO Reason/Condition: _____

11. Excessive moving violations or DUI? YES NO Instances/Dates: _____

12. Avocations: Scuba Diving Sky Diving Racing Aviation

13. Additional Comments:

14. Specific Insurance Carrier or Shop: _____
