



GEORGETOWN FINANCIAL GROUP, INC.

Helping to fund the future.

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PRELIMINARY INQUIRY - NOT AN APPLICATION FOR LIFE INSURANCE

PERSONAL HISTORY

Name _____ Male Female Social Security Number _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Age _____ Height _____ Weight _____ Monthly Earned Income _____
 Occupation _____ What are your duties? _____
 When last used tobacco? Cigarettes _____ Cigars _____ Other _____
 Hazardous Activities: Private Pilot: Yes No Scuba Diving: Yes No Sky Diving: Yes No
 Family Health History: Age (if deceased, age at death) History of heart disease or circulatory disorder History of cancer, all types
 Mother _____ Yes No Yes No Yes No
 Father _____ Yes No Yes No Yes No
 Sister(s) _____ Yes No Yes No Yes No
 Brother(s) _____ Yes No Yes No Yes No

REQUESTED PLAN OF INSURANCE - MUST BE COMPLETED

Universal Life Whole Life Term Survivorship
 Face amount desired \$ _____ Premium amount desired \$ _____ Annual Monthly
 What will be the purpose of the insurance? _____ Name of beneficiary _____ Relationship _____

WHAT ADVERSE REACTION OR TABLE RATING WAS OFFERED BY ANOTHER COMPANY?

Did your primary company work this case? Yes No

Company	Date	Amount	Action	Current Premium	Total

Is this case being considered by another Impaired Risk Agency? Yes No

OTHER INSURANCE ON PROPOSED INSURED

Total amount in force _____ Date of last application _____ Is this insurance applied for to replace insurance? Yes No
 Name of Company _____ If so, premium being replaced _____

AGENT INFORMATION

Name _____ Firm Name _____ SS# _____ Phone # _____
 Address _____ City _____ State _____ Zip _____

MEDICAL HISTORY - THIS SECTION MUST BE FULLY COMPLETED

1. Who is your personal physician?	Doctor's name, address and phone number	Date	Illness
When did you last consult him/her?			
2. What other physicians have you consulted during the past five years? (Do not include insurance examinations)			
3. In what clinics, hospitals, or sanitariums have you ever been treated?			
4. Please list all current medications			
<i>Please be specific with above information & include phone numbers. It will expedite processing.</i>			

