

Impartial Insurance Advisor Life Insurance Check-Up Questionnaire

Please provide the following information, print the completed questionnaire and mail it to:

Impartial Insurance Advisor
207 Simmons Place
Augusta, GA 30907

Personal Information of Primary

Please Enter Your Full Name

Email Address

Date of Birth

Phone Number

Best Time To Call

Street Address

City

State

Zip Code

Name of employer; how long you've been there; the nature of your job, its stability, do you like it, can you maintain it indefinitely and at the current income level?

Information on Spouse

Please Enter Full Name

Email Address

Date of Marriage

Date of Birth

Phone Number

Best Time To Call

Name of employer; how long there; the nature of the job, its stability, can your spouse maintain it indefinitely and at the current income level? If homemaker, does your spouse have training that allows income capacity if needed?

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Children

Please enter the following information for each child: NAME, DATE OF BIRTH and OCCUPATION/LOCATION

Other Information

Other Dependents or Planning Additional Children?

Any Special Considerations? (Blended family, dependent parents, health issues, etc.)

Do You Have A Trusted Financial Advisor? Yes No

Who Does Your Taxes (paid preparer, self, etc.)?

What Are Your Top Financial Concerns?