

**LIFE INSURANCE QUESTIONNAIRE:**

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**How much life insurance where you interested in obtaining?**

**\$** \_\_\_\_\_

**Are you looking at term life, permanent coverage, whole life or universal life insurance? IF term life, how long a term are you looking at?**

\_\_\_\_\_

**Your Date of Birth?** \_\_\_\_\_

*Continued on 2nd page:*

**Do use any tobacco products? If yes, please list type & amount used daily:**

---

---

**Approximate Height & Weight: H: \_\_\_\_\_, W: \_\_\_\_\_**

**Any current prescriptions medications? If yes, please list name and dosage amount as well as frequency of dosage:**

---

---

---

**Any current medical conditions? If yes, please describe and include original diagnoses date (approximate), treatment received and any current treatment if applicable:**

---

---

---

**PLEASE RETURN TO:**

Covenant Insurance Agency, LLC.  
242 West Main St., #409  
Hendersonville, TN 37075 OR FAX to: 866-480-2409  
Phone: 615-824-6322  
[Info@CovenantInsAgency.com](mailto:Info@CovenantInsAgency.com)