

Personal Information

CURRENTLY OR EVER HAD A VALID PILOT'S LIC. ? YES / NO

DO YOU RACE CARS OR MOTORCYCLES? YES / NO

HAVE YOU OR ARE YOU A CERTIFIED SCUBA DIVER? YES / NO

IN PAST THREE YEARS HAS YOUR DRIVERS LIC SUSPENDED? YES / NO

TOTAL ANNUAL INCOME: \$ _____

TOTAL GROSS NET WORTH: _____

RENT / OWN HOME? _____ RENT OR MARKET VALUE _____

MORTGAGE BALANCE: _____

FATHERS AGE AND HEALTH (at death if deceased) _____

Mother's AGE AND HEALTH (at death if deceased) _____

TWO REFERENCES (non relatives):

Name: _____ ph.: _____

Profession: _____ Yrs... Known: _____

Name: _____ Ph.: _____

Profession: _____ Yrs. known: _____

TOTAL AMOUNT OF INSURANCE IN FORCE AT PRESENT

Insurance Company	Amount of Insurance	Year Issued / Policy #

Do you plan to cancel ANY OF THESE POLICIES IF YOU ARE APPROVED FOR THE NEW PLAN? YES _____ NO _____

Sign/ date

Questions Call Zain Jeewanjee Insurance Agency at 800-257-7718

Beneficiary Information

IF A Trust Is to Be the Beneficiary:

Name of Trust	
Type of Trust	
Date of Trust	
Name and Phone # of Attorney	

**INCLUDE a copy of the First Page of your Trust.
If you do not have a Trust set up as yet then complete:**

PRIMARY BENEFICIARY _____

Name:		
Phone:		
Address:	Street	
	City	
	State	
	Zip	
	Country	
	Relationship to the insured	

SECONDARY BENEFICIARY(s)

Name:		
Phone:		
Address:	Street	
	City	
	State	
	Zip	
	Country	
	Relationship to the insured	

_____ Sign / Date

This is not a LIFE APPLICATION, and you are under no obligation, nor are you insured till we issue a policy and you accept it.

After you complete this application, we will send you a formal application Typed and completed for you to sign and return to us. We will also call in your exam, and you should be expecting to receive a call from the Medical Examination Team. We recommend that you complete that ASAP.

Fax this questionnaire to 408-997-7890

Or e mail it to zain1@yahoo.com

If you have any questions please call us at 800-257-7718