

Protective Life Digital App Questions

Estimated Rate Class: _____ Type of Insurance: _____ Mode: _____

Face Amount: _____ State: _____ DOB: _____ SSN: _____

Client Name: _____ Tobacco: _____ Last Time Used: _____

Occupation: _____ Agent Relationship to Insured: _____

Full Address: _____

Best Contact Number: _____ Best Time to Call: _____

Email address: _____ Driver's License # and State: _____

State of Birth: _____ U S Citizen: _____ Direct Bill or EFT? _____

Riders? _____ Gross annual salary: _____ Net Worth: _____

Payment Frequency: _____ Electronic or Paper Policy Delivery: _____

Owner Information (Only Complete when Insured is NOT the Owner)

Name: _____ DOB: _____ SSN: _____

Address: _____

Relationship to Insured: _____

Beneficiary Information:

Name: _____ Relationship: _____

Address (If different from Insured): _____

Any contingent beneficiaries? _____ (If so, complete below)

Name: _____ Relationship: _____ Address: _____

Name: _____ Relationship: _____ Address: _____

Existing Policies (Please Include all Inforce Policies):

Name of Company: _____ Face Amount: _____

Type of Coverage: _____ Is this a replacement? _____ Policy Number: _____

Any other coverage being applied for: _____ Has client ever had an app declined, postponed, or approved other than applied for: _____

What to Expect

from your

Life Insurance Interview



**Give or Email to
Your Client!**

Good for you! You've made the important decision to apply for life insurance. Now that your application has been started, here's what's next.

You'll need to complete a life insurance interview. Most insurance companies do this over the phone with you, and some offer an online option for you to complete on your own.

Below is information that will help you prepare - regardless of which process you go through.

General Information

- Information to verify your identity; such as your social security number, driver's license number (and history of violations) and other demographic information
- Citizenship documentation (*if applicable*)

Other Life Insurance

- Information about any other life insurance policies you have; including insurance company names, policy numbers and coverage amounts

Health and Medical Information

- Height, weight and any fluctuations
- Names, addresses and phone numbers for all current doctors and clinics
- Names and dosages of current prescriptions or over-the-counter medications
- Medical history; including details for medical conditions, date of diagnoses, treatments, results of treatments, and any procedures/surgeries performed
- Family health history for parents and siblings, including major diagnoses such as heart disease or cancer and ages/causes of death (*if applicable*)

Financial Information

- Earned and unearned income
- Total net worth, including property
- Assets and Liabilities
- Employment information
- Banking information (*optional if you wish to pay premiums with automatic deductions*)

Lifestyle Information

- Information about exercise habits, travel, and any high-risk activities such as sky diving, hang gliding, scuba diving, rock climbing, aviation, racing, etc.
- Information about smoking, drinking habits, and drug use.