

# Life Insurance Fact Finder

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Health \_\_\_\_\_

Tobacco Use: Cigarette \_\_\_ Smokeless \_\_\_ Cigar Only \_\_\_ None \_\_\_ Last Used \_\_\_\_\_

Occupation & Duties \_\_\_\_\_

Earnings: Salary \_\_\_\_\_ Net Income Self Employed \_\_\_\_\_

Business: Sole Prop \_\_\_ Ptnrshp \_\_\_ S Corp \_\_\_ C Corp \_\_\_ PC \_\_\_ LLC \_\_\_ Other \_\_\_\_\_

Children & Ages \_\_\_\_\_

Assets & Types

Debt & Types (payments interest rates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Benefits \_\_\_\_\_

Retirement Plans (including location & projected income) \_\_\_\_\_

Current Individual Coverage \_\_\_\_\_

Comments & Other Information \_\_\_\_\_

## Shipp Financial Services, Inc.

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Broker's Name

Address

Phone

Fax

Email