Christensen Group Insurance

One-Page Intake Form

Proposed Insured

Proposed Insured Information: All Fields Are Required					
Insured Name:					
State of Residence:	DOB:	Gender:	Marital Status:	Client Birth Country/State:	
Social Security #:		Address:			
City:		State:		Zip:	
Driver's License State:	Driver's License #:		Driver's Licenses Exp. Date:		
Best time to contact client: ☐ AM ☐ PM		Preferred phone number for contact:			
Proposed insured email address:					
Tobacco Usage: ☐ Yes ☐ No If yes, indicate type of tobacco and last date of use:					
Has the proposed insured ever been treated for the following? Cancer, Diabetes, Heart Disease, Stroke? ☐ Yes ☐ No If yes, indicate date of diagnosis:					
Have you ever been declined, rated or postponed for life or health insurance? ☐ Yes ☐ No					

Employment and Income Information			
Is the proposed insured currently employed? ☐ Yes ☐ No		Employer:	Job Title:
Annual Income:	Estimated Total Assets:	Estimated Total Liabilities:	Net Worth:

Owner and Beneficiary Information				
Owner Name:		Social Security # / Tax ID:		
If insured is the not owner, please complete: Owner is a ☐ Person ☐ Trust ☐ Corporation ☐ Other_____				
If owner is a corporation, please complete: Name of Officer:		Officer Title:		
Officer Phone Number:		Officer Email Address:		
Owner Address:	City:	State:	Zip:	
Relationship to proposed insured:		Owner DOB or Trust Date:		
Primary Beneficiary Name:	SSN or TAX ID:	Relationship:	Percent:	DOB:
Primary / Contingent Beneficiary Name:	SSN or TAX ID:	Relationship:	Percent:	DOB:
Contingent Beneficiary Name:	SSN or TAX ID:	Relationship:	Percent:	DOB:

Replacement Information	
Does the proposed insured currently own any life insurance? ☐ Yes ☐ No	If Yes, is this policy replacing any existing coverage? ☐ Yes ☐ No
Does the owner currently own other any life insurance? ☐ Yes ☐ No	
If proposed insured or owner has existing coverage, provide insurance company name(s), death benefit(s), policy number(s), policy issue date(s), and type of policy (term or permanent):	

Fax completed form to Charlie Anderson: 952-653-1100 or email to canderson@christensengroup.com