Ocean Financial Associates LLC

CLIENT LIFE INSURANCE QUESTIONNAIRE

Basic Information Date:

Client 1:	DOB:	
Address:		Driver's License, State: Issue date Exp Date:
Email Address:		
Phone: (H)		
Employer:		Occupation:
Employer Address:		

Please provide us with an overview of your medical history Cie current medications/ medical conditions)

Physician & Address: _____

_____

_____

_____

BANKING INFORMATION:

_____

_____

Please fill out information below:

Annual Income:	
Height and Weight	
Smoker/Non Smoker	
Reason for Coverage	
Desired Coverage	
Misc.	

Do you currently have a life insurance policy? If yes, please provide info.

_____

Company _____ name: _____

Policy#: Issue Date:

Death Benefit Amount: $

_____

200 Atlantic City Blvd. Beachwood NJ 08722