

**Trial Application Request**

Insurance Specialist: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 (name & contact number)

**Client personal information**

Family name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Sex:  male  female  
 Country of residence: \_\_\_\_\_  smoker  non-smoker  
 Date of last tobacco product use: \_\_\_\_\_  
 Country of residence: \_\_\_\_\_  
 Travel outside of North America:  yes  no Details: \_\_\_\_\_

**Current medical information**

Weight \_\_\_\_\_  lbs  kgs List of medical condition(s): \_\_\_\_\_  
 Height \_\_\_\_\_  m  ft \_\_\_\_\_  
 Family medical history: \_\_\_\_\_ List of current medication: \_\_\_\_\_  
 \_\_\_\_\_ Medical procedure or testing scheduled for  
 future dates: \_\_\_\_\_  
 (if applicable attach all pertinent medical information) \_\_\_\_\_

**Recent life insurance application**

Insurance carrier: _____	Requirements completed:	Reason:
Face amount: _____	<input type="checkbox"/> Blood profile	<input type="checkbox"/> Medical
Decision: <input type="checkbox"/> refused <input type="checkbox"/> rated ____% <input type="checkbox"/> Postponed	<input type="checkbox"/> Paramedical	<input type="checkbox"/> Lab results
Reason (if known) _____	<input type="checkbox"/> ECG	<input type="checkbox"/> Travel
Additional information: _____		<input type="checkbox"/> Occupation
_____		<input type="checkbox"/> Family history
_____		<input type="checkbox"/> Motor vehicle record
		<input type="checkbox"/> Financial justification
		<input type="checkbox"/> Lifestyle (specify) _____