Life Policies of America

Lifestyle Choices

Trial Application

This is a trial application for a life settlement. This trial application enables LPA to give an indication of the value of your policy. Any final offer is subject to full underwriting that involves verification of all details supplied. No express or implied warranties are given as the suitability of your policy.

Insured

Name:(First, Last, MI)_____ SS#: _____

DOB: _____ Place of Birth: _____ Age: _____ Sex: Male/Female

Address: _____ State: _____ Zip: _____

Address #2: _____ State: _____ Zip: _____

Home Phone: (_____)_____ Cell Phone: (_____)_____

E-mail: _____

Best time of day to reach you: _____

Marital Status: (Please circle one)   Married/Single/ Divorced/Widowed/Separated

Dependent Children? (If yes, please tell us how many dependents.)   YES/NO

_____

Are you or have you been bankrupt? YES/NO_____

Do you have any tax liens? YES/NO _____

Are you involved in any litigation? (If yes, please give details.)   YES/ NO

_____

_____

Do you own the policy? YES/NO _____

If no, please give the name and address of the policy owner? (If more than one policy owner attach details.)

_____

_____

Is there a 2nd insured? (If yes, please list name of 2nd insured.)   YES/NO

_____

Policy Details:

Insurance Company: _____ Policy Number: _____

Start Date: _____ Face Amount: $_____

Surrender Amount: $_____ Yearly Premium: $_____

Net Premium Due Date: _____ Amount: $_____

Policy Loan Amount: $_____

Policy Type: (Circle one)   Term/Whole/Variable/Universal/Survivor

Why are you selling the policy? (If more than one policy attach details.)_____

_____

_____

About You

Height: ____ft. _____inches   Weight: _____pounds   Blood pressure: _____/_____

Heart Rate: _____ Cholesterol Level: _____ HDL Level: _____

What education level did you complete? (Circle one below)

11th grade or below/High School Diploma/Technical/College Degree

What do you do? (Circle one below)

Work Full Time/Work Part Time/Retired/Unable To Work

What is your ethnic background? (Circle one below)

African-American/Asian/Hispanic/Caucasian/Other

How many hours a night do you sleep on average? (Circle one)   <6 / 7 / 8 / >9 hours

Your Family History

	Age if living	………Medical history/cause of death…………	Age at death
Mother			
Father			
Brothers &/or Sisters			

Your Health

How do you rate your health?	Poor/Fair/Good/Excellent
Give details of any current medical conditions:	
What medications do you take?	
List any other medications you have taken in last 12 months:	
Doctor's name:*	
Doctor's address:	
Doctor's telephone:	

* Attach details of any doctors seen in last 5 years.

Have you ever had or been treated for:	Yes	No	*Details if Yes………………………..*
1. Asthma			
2. Heart Disease, high blood pressure, cholesterol, chest pain			
3. Diabetes			
4. Stroke			
5. Eyes, ears, nose or throat			
6. Dizziness, loss of balance, seizures or brain disorder			
7. Depression or anxiety			
8. Any physiatric disorder			
9. Kidney disease			
10. Cancer			
11. Arthritis			
12. Anything not listed above.			
In the last 5 years have you had:			
1. Surgery			
2. Illness			
3. Hospitalisation			
Have you ever had any serious accidents?			

Your lifestyle:

Do you:	Yes	No	Further Information…
Drive?			
Have a pet?			
Live alone?			
Walk unassisted?			
Have personal care?			
Smoke?			If yes, how many packs per day…
Have you ever smoked?			If yes, when did you stop? How many packs per day?
Drink alcohol?			If yes, how many drinks per day?
Have you fallen in the last 5 years?			Details:
Have you moved in the last 12 months?			
Has any member of your family died in the last 12 months?			
Are you financially secure?			
Do you exercise?			If yes, how often per week? How long each time?
Do you eat breakfast?			If yes, how many times a week?
Do you eat fish?			If yes, how often?
Wear a seat belt?			
Do volunteer work?			
Do you do your own shopping?			
Prepare your own meals?			
Attend social functions?			
Are you a member of any clubs or associations?			
Do you eat fruit and vegetables?			If yes, how often?