CORE Income Advisors, LLC
5940 Golden Hills Dr.
Minneapolis, MN 55416
800.541.7713

PRELIMINARY INQUIRY (Confidential) - NOT an application for insurance

AGENT

Agent Name:	Email:
Phone #:	Is this case being shopped? __ Y __ N If yes, where?

Is a Trial or Formal application pending or contemplated with any Insurance Company? __ Y __ N If yes, what Company(s)?

CLIENT

PROPOSED INSURED'S FULL NAME	SEX	DOB	HEIGHT	WEIGHT	SOCIAL SECURITY #

PRESENT ADDRESS	PLACE OF BIRTH

OCCUPATION	CONTACT PHONE NUMBER

AVOCATION	TOBACCO USE WITHIN LAST FIVE YEARS
__ Scuba Diver __ Personal Aircraft Pilot __ Motorcar or Motorcycle Racer __ Sky Diver __ Other, please list:	__ Y If yes, what type? __ N

COVERAGE

AMOUNT OF PROPOSED INSURANCE	TYPE OF COVERAGE	TYPE OF PLAN
	__ Individual __ Survivorship	__ Term __ UL __ WL __ VUL

IS THIS A REPLACEMENT POLICY? __Y __N If yes, please complete the following:

COMPANY(S)	COVERAGE AMOUNT	ISSUE DATE	RATING	PLAN TYPE	SURRENDER VALUE

HAVE YOU EVER BEEN DECLINED FOR COVERAGE OR BEEN RATED? __ Y __ N If yes, please complete the following:

COMPANY(S)	DATE	RATING	REASON (please be specific)

MEDICAL HISTORY

PHYSICIANS AND/OR HOSPITALS CONSULTED	DATE	CONDITIONS CONSULTED & TREATMENTS RECEIVED (if any)
Name: Address: Phone/Fax #:		
Name: Address: Phone/Fax #:		
Name: Address: Phone/Fax #:		

MEDICATIONS CURRENTLY PRESCRIBED		DOSAGE	
1)	3)	1)	3)
2)	4)	2)	4)

HAS A PARENT OR SIBLING HAD A HISTORY OF CANCER, DIABETES, HEART DISEASE, OR STROKE? __Y __ N

Relation:	Diagnosis:	Age Of Onset:	Death:
Relation:	Diagnosis:	Age Of Onset:	Death:
Relation:	Diagnosis:	Age Of Onset:	Death: