

RYAN INSURANCE STRATEGY CONSULTANTS

Request for Life Insurance Proposal

Please refer to the signature line in the email of the person that you received this from for a link and instructions on how to send the completed form securely.

For questions call 800-796-0909

Name _____ Date _____
Phone _____ Email _____
Advisor's Name _____ Advisor Phone/Email: _____
Benefit Amount _____ Duration of Life Coverage _____
Do you have current coverage? Yes ___ No ___ If yes, how much and will it be replaced? _____
Have you been declined, postponed, or rated for disability insurance? If so, do not complete this RFP.
Please call us to discuss your request.

Personal Profile:

Male ___ Female ___ State of Residence _____ Date of Birth _____
U.S. Citizen? Yes ___ No ___ If no: Status/Visa type _____
Height _____ Weight _____ Weight 1 year ago _____ Reason for change _____
Occupation _____ Annual Income _____
Have you had any traffic violations (including DUI) in the past 5 years? If so, type and number of infractions?

Do you engage in any of the following: Pilot, scuba diving, rock climbing or hang gliding? If so, which activity, and how often?

Have you traveled outside of the United States in the past 5 years or do you have plans to travel outside of the United States in the next 2 years? Yes ___ No ___ If yes, please provide location, duration and reason for trip.

Health Profile: In the last 5 years

- 1) Have you used tobacco, nicotine, or marijuana products? If yes, date of last use _____ Type _____
- 2) Are you taking any prescription medication? Yes ___ No ___ If yes, list name and dosage of medication, how long you've been taking the medication, condition/diagnosis, and any changes to dosage in last 12 months.

- 3) Do you have a history of anxiety, depression, or psychological counseling? If yes, describe treatment, date of diagnosis, date of last treatment and if treatment is ongoing: _____

- 4) Any hospitalizations or surgeries? Yes ___ No ___ If yes, dates, diagnosis, treatment _____

- 5) As far as you know, are your cholesterol and blood pressure readings within normal ranges? ___ If no, provide details _____

- 6) Have any surgeries or diagnostic tests been recommended but not completed yet? If so, please provide details:

If Female, are you currently pregnant? _____ If yes, what is your due date? _____

1) Have you ever been diagnosed with:

Asthma Arthritis Cancer Diabetes Heart Problems or Murmur Stroke Sleep Apnea
Melanoma Serious Muscular or Skeletal Issues Drug or Alcohol Dependency Severe Major Organ Issues

If yes, provide details of diagnoses and treatment

Any other medical treatment/diagnosis/medications in last 5 years not listed above? If so, please provide details:

Job Title (if a doctor, please provide specialty/sub-specialty) _____

Name of employer _____ Hours per week worked _____

Advanced Degrees or professional designations _____

How many years in this job? _____ How many years with your current employer? _____

Do you travel for business? Yes ___ No ___ If yes, what percentage of your time do you spend traveling? _____ %

Do you work from home? Yes No If yes, what percentage of time working at home? _____ %

Do you have disability insurance through your employer? Yes No If yes, what percentage of your earnings are covered _____ % what is the maximum monthly benefit \$ _____ and who pays the premium? _____

Do you have any individual disability policies in place? If so, maximum monthly benefit amount? \$ _____

INCOME

YTD

Last Year

2 Years Ago

	YTD	Last Year	2 Years Ago
Base Salary			
Bonuses, Commissions			
Retirement Contributions			
Unearned Income			

For Business Owners:

What type of business entity do you have? Sole Proprietor S-Corp C-Corp LLC?

When was the business started? _____

What percentage of the business do you own? How many employees do you have? Full Time _____ Part Time? _____

How much are your monthly expenses? \$ _____ Do you have a business loan? Yes No

How much is the business loan for? \$ _____

Please click on the name below to upload your completed form and send it securely. We will process your request and send quotes to you within 24 hrs.

John Ryan

Rees Hamner

Jodi Kissner