Life Insurance Information Request Form

Preliminary information for discussing insurance interests and appropriate next steps

Preliminary inquiry only
This form is not an insurance application, underwriting questionnaire, replacement form, suitability form, authorization, HIPAA authorization, or contract.

1. Contact Information

Full name

Preferred name

Phone

Email

City / State / ZIP

Preferred contact method

Do not provide an SSN
Do not enter a Social Security number or upload identity documents with this preliminary inquiry.

2. General Insurance Interest

- ☐ Term Life
- ☐ Whole Life
- ☐ Universal Life
- ☐ Indexed Universal Life
- ☐ Final Expense
- ☐ Mortgage protection
- ☐ Business-related life insurance
- ☐ Key-person coverage
- ☐ Buy-sell funding
- ☐ Not sure / Need guidance

3. Purpose of Coverage

- ☐ Family income protection
- ☐ Mortgage/debt protection
- ☐ Final expenses
- ☐ Estate planning
- ☐ Business protection
- ☐ Education funding
- ☐ Retirement/income planning
- ☐ Legacy planning
- ☐ Other

4. Preliminary Coverage Range

- ☐ Under $100,000
- ☐ $100,000-$249,999
- ☐ $250,000-$499,999
- ☐ $500,000-$999,999
- ☐ $1,000,000 or more
- ☐ Not sure — need assistance determining coverage needs

5. Existing Coverage

Existing life coverage? Yes / No / Unsure

Individual coverage? Yes / No / Unsure

Employer coverage? Yes / No / Unsure

Approximate total coverage

Current carrier - optional

Considering replacement? Yes / No / Unsure

Replacement review

Considering replacement does not initiate or recommend a replacement. A potential replacement must be reviewed through the applicable carrier and Washington-required process, including any required notices, comparisons, or forms. Do not provide policy numbers on this form.

6. Limited Basic Information

Age or date of birth

Tobacco use? Yes / No

Occupation

Primary planning goal

7. Health-Information Boundary

Do not provide detailed health information

Do not list diagnoses, medications, treatment history, genetic information, medical-provider details, medical-record numbers, or health-insurance identifiers. If underwriting information is required, the carrier will collect it later through its authorized secure process.

8. High-Level Financial Context - Optional

- ☐ Household income: under $50,000
- ☐ Household income: $50,000-$99,999
- ☐ Household income: $100,000-$249,999
- ☐ Household income: $250,000 or more
- ☐ Debt/obligations: lower
- ☐ Debt/obligations: moderate
- ☐ Debt/obligations: substantial
- ☐ Existing coverage: limited
- ☐ Existing coverage: moderate
- ☐ Existing coverage: substantial
- ☐ Prefer to discuss later

Ranges only

Do not provide account numbers, exact asset values, bank statements, or tax records on this preliminary form.

9. Beneficiary Considerations

- [ ] Yes
- [ ] No
- [ ] Need guidance

No identifying details
Do not provide beneficiary names, dates of birth, Social Security numbers, addresses, or other identifiers on this form.

10. Business-Insurance Inquiry

- [ ] Key-person coverage
- [ ] Buy-sell funding
- [ ] Other business need
- [ ] Not applicable
- [ ] Not sure

Business name - optional

Business type

General purpose

Other business need

11. Follow-Up Preference

- [ ] Phone call
- [ ] Email
- [ ] Video meeting
- [ ] In-person meeting
- [ ] No preference

Best days/times

Questions for discussion

Follow-up only
This preference allows a response to this inquiry; it is not consent to recurring marketing messages.

12. Privacy and Security Notice

Protect sensitive information
This preliminary form is not intended for detailed medical, financial, policy-account, or identity information. Do not enter or send Social Security numbers, medical records, prescription information, driver's-license images, banking information, policy account information, or other sensitive records through ordinary unsecured email or this general form. Any required underwriting information will be collected later through the applicable carrier's authorized secure process or another approved secure method.

13. Important Limitation

Preliminary inquiry only

This is a preliminary inquiry only. It is not an insurance application, underwriting questionnaire, replacement notice, suitability analysis, privacy or health-information authorization, or insurance contract. It does not bind coverage or guarantee eligibility, rates, benefits, or issuance. Coverage is subject to carrier underwriting and applicable requirements. Separate carrier applications, disclosures, replacement forms, authorizations, and other documents may be required.

14. Washington Process Notice

ProfitWise Solutions will use applicable carrier forms and Washington-required processes if you decide to proceed. Any carrier-specific application, underwriting questions, replacement notice, suitability review, privacy disclosure, health-information authorization, or binding request will be handled separately. Nothing in this form replaces those requirements.

15. Client Acknowledgment

I understand that this form records preliminary interests only. My signature confirms that the information is accurate to the best of my knowledge and that I reviewed the privacy, security, and limitation notices. It is not an application, authorization, replacement request, suitability determination, or request to bind insurance coverage.

Name

Date

Signature

Preferred follow-up

Additional questions or planning notes - do not include sensitive information