



PROPOSED INSURED INFORMATION SHEET

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Name (First, Middle, Last): _____ Is insured also the owner? _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Gender: _____ Height: _____ Weight: _____
 Birthday: _____ Place of Birth: _____ SSN: _____ Marital Status: _____
 US Citizen: _____ If "No", Date of arrival: _____ Type of Visa: _____ Alien#: _____
 Insured Driver's License Number: _____ State: _____ Issue Date: _____ Expiry Date: _____
 Employer: _____ Address: _____ Phone: _____
 Time Employed: _____ Occupation/Duties: _____ Annual Income: _____
 Do you have an existing life insurance policy? _____ If "Yes", what carrier: _____ Face Amount: _____
 Date Issued: _____ Household Income: _____ Net Worth: _____
 What is your monthly savings amount? _____

POLICY OWNER (IF OTHER THAN THE INSURED)

Policy Owner Name: _____ DOB: _____ SSN: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Occupation: _____ Income: _____
 Owner's Driver's License Number: _____ State: _____ Issue Date: _____ Expiry Date: _____

FAMILY/HEALTH HISTORY

Mother: _____ If "Alive", current age? _____ If "Deceased" at what age? _____ Cause of Death: _____
 Father: _____ If "Alive", current age? _____ If "Deceased" at what age? _____ Cause of Death: _____
 A. Doctor's Name: _____ Phone#: _____ Health Care Facility: _____
 Facility Address: _____ City: _____ State: _____ Zip: _____
 B. Date last visit your doctor: _____, Purpose of visit? _____ Results: _____
 Any medication (s): _____ Diagnosis (if not normal): _____
 C. Tobacco Use: _____

BENEFICIARY/ies: (P) = Primary (C) = Contingent

Date Format: MM/DD/YYYY Legend: 1.0 = 100%; 0.5 = 50%; 0.25 = 25% etc.

1. Name(First, Middle, Last): _____ Relationship: _____ (Primary) Share %: _____
 Address: _____ Tel #: _____ DOB: _____ SSN: _____
 2. Name(First, Middle, Last): _____ Relationship: _____ () Share %: _____
 Address: _____ Tel #: _____ DOB: _____ SSN: _____
 3. Name(First, Middle, Last): _____ Relationship: _____ () Share %: _____
 Address: _____ Tel #: _____ DOB: _____ SSN: _____
 4. Name(First, Middle, Last): _____ Relationship: _____ () Share %: _____
 Address: _____ Tel #: _____ DOB: _____ SSN: _____
 5. Name(First, Middle, Last): _____ Relationship: _____ () Share %: _____
 Address: _____ Tel #: _____ DOB: _____ SSN: _____

Total share must be equal to 100% TOTAL PERCENTAGE: _____