

IGO LIFE APPLICATION INFORMATION NEEDED:

Answers: Please give detailed responses where necessary

• Proposed Insured Name

• Date of Birth

• Drivers' License# and State

• Social Security#

• Expiration date of driver's license

• Height and weight on driver's license

• Actual height and weight

• Residence address

• Mailing address if different from residence address

• Country of birth/city and state

• Cell#

• Email address

• How long with your employer

• Occupation _____

• Duties with occupation _____

• Annual income _____

• Net worth _____

• Bankruptcies, levies, liens, foreclosures, repos, etc. _____

• Total life insurance in force currently _____

• Life companies, policy numbers, and death benefits _____

• Will you replace any of these policies when the Farmers Life policy issues _____

• Ever had any Life insurance declined, rated, modified, etc. _____

• Amount of Life insurance applying for with Farmers _____

• Purpose for this Life insurance (income replacement, estate taxes, etc.-if other, what) _____

• Who is policy owner _____

• Who will be premium payer _____

• Will billing/payment be monthly electronic funds transfer(EFT) _____

• Primary beneficiaries and contingent beneficiaries (need names, social#, date of birth, address and relationship)

• Primary and other physician's names, addresses, contact numbers, last visit and reason

• Currently on medications (prescription, dosage/frequency, etc.) and for what condition

• Been hospitalized last 2 years for more than 5 days for any reason

• Past 90 days been unable to perform duties of occupation for 15+ days

• Past 5 years used tobacco/nicotine in any form

• Past 5 years pled guilty or had any convictions like speeding, texting, accident, etc.

• In last 10 years, driver's license suspended, revoked, pled guilty or convicted for reckless driving or DUI/DWI

• Active/inactive member of the military

• Next 2 years plan to travel or work outside U.S.

• Past 2 years or next 2 years be a student pilot or member of a flight crew or participate in hang gliding, para sailing, jumping, rock or mountain climbing, organized racing of auto, motorcycle, boat, snowmobile, etc. or underwater diving, parachuting, skydiving, ultralight soaring, ballooning, bungee, para kiting,

• Last 12 months lost 15+ pounds

• Congenital or birth disorders including blindness, deafness, missing limbs, heart defect, Down's Syndrome, autism, etc.

Past 5 years consulted with, been diagnosed or treated by a member of the medical profession or hospitalized or taken medication for: Please provide details for any answer other than "NO"

• High blood pressure

• High cholesterol

• Chest pain, angina, heart attack, heart murmur, stroke, irregular heartbeat, heart disease or coronary artery

• Cancer, tumor, mass, skin cancer, melanoma, leukemia, lymphoma, colon polyp or any malignant or benign growth

• Diabetes, impaired glucose tolerance, gestational diabetes, anemia, blood or thyroid disorder or pituitary or adrenal glands

• Disorder of liver, pancreas, digestive system, spleen, hepatitis, ulcers, intestinal bleeding, cirrhosis or weight loss surgery

• Depression, anxiety, stress, eating disorder, post-traumatic stress, attention deficit, hyperactivity, bipolar or mental health disorder

• Seizures, paralysis, multiple sclerosis, memory loss or disease or disorder of the nervous system

• Asthma, pulmonary disease, emphysema, chronic bronchitis, sleep apnea or any other disease or disorder of the lungs

• Kidney, bladder, urinary, reproductive organ or prostate disorder

• Arthritis, fibromyalgia, gout, back or joint pain, muscle disorder or lupus

• Treated or diagnosed for HIV or AIDS.

• Have you ever used or been treated for use of amphetamines, barbituates, cocaine, marijuana, opiates, illegal drugs member of the medical profession for abuse of prescription drugs or have you been treated by or consulted with ahallucinogens or other

• Have you ever been advised by a medical professional to reduce or stop drinking alcohol or received treatment of any kind for alcohol

• Do you currently drink alcohol (how many drinks per day/week)

• Past 5 years been disabled, received disability income benefits or been unable to work for any other reason besides maternity leave or from minor surgery

• Past 5 years been diagnosed by a member of medical profession for any other illness, disease, or injury not included in the preceding question or answers

FAMILY HISTORY

• Both parents living ages (if no, provide year of loss and medical cause of death)

• How many siblings living and ages (if no, provide year and medical cause of death)
