



Proposed Insured:

First Name	Middle Initial	Last Name	Male / Female (please circle)
Date of Birth	Age	Marital Status	Income
Height	Weight	Within the Last 12 Months Have you: Lost ___ lbs or Gained ___ lbs?	
Office Phone ()	Cell Phone ()	E-mail Address	

Spouse:

First Name	Middle Initial	Last Name	Male / Female (please circle)
Date of Birth	Age	Income	
Height	Weight	Within the Last 12 Months Have you: Lost ___ lbs or Gained ___ lbs?	

Quotes For: (Please indicate your preference)

Coverage Amount
 \$500,000 \$1,000,000 \$2,000,000 \$3,000,000 Other: \$_____

Policy Term
 10 year 15 year 20 year 30 year Return of Premium (ROP)

Other Household Dependents:

Do you have any children/dependents? No Yes, how many? _____

Medical Questionnaire:

Give any details of "YES" answers in the space provided below		Insured
1	Do you use Tobacco Products?	Y / N
2	Do you take any prescription, over-the-counter medication or herbal remedy? (If "Yes", please provide names, doses, and reason for taking.)	Y / N

Question	Diagnosis, reason for visit, treatment, medication, hospitalization, surgery, advice	Name, Address, Phone of Treating Physician, Clinic or Hospital

Upon completion of this form, please return by fax to Bob Wolf at 213-576-8563 or send via e-mail to rwolf@cap-mpt.com.



Immediate Money Fund/Final Expenses

This fund is for the bills presented after death, which will have to be paid. (Final expenses will generally total \$5,000 to \$50,000 for most families.)

- Medical and Hospital Expenses, Federal Estate Taxes, Burial Expenses, State Death Taxes, Attorney's/Executor's Fees, Probate Court Costs

Debt/Loan Repayment

- Credit Card Balance(s), Auto Loans, Education Loans, Home Improvement Loans, Unpaid Notes, Outstanding Bills

Emergency Fund

This fund guards against unexpected events, or bills not readily payable from current income—such things as: job loss, major repairs to the home or automobile, medical emergencies, etc.

Mortgage Protection/Rent Fund

What would it take to pay your mortgage off today? What would it take to cover rent for one year? + \$

Child/Home Care Fund

This fund is for child care services expenses. Also, for new expenses that would be created as a result of the death of a spouse formerly performing these duties without any cash outlay.

Educational/Vocational Fund

This fund is for child care services expenses. Also, for new expenses that would be created as a result of the death of a spouse formerly performing these duties without any cash outlay.

Fund Total (please add the amounts from each fund above) = \$

Replacement of Lost Income

To generate income after your death, select a desired level of income and divide it by an assumed rate of return. This will give you an estimate of the amount of money which can generate the desired income from a safe investment.

Desired Replacement Income: \$ - Survivor Income: \$ = \$
Assumed Investment Rate of Return: ÷ %
Amount Needed for Income Replacement: = \$

Life Insurance Needs

Replacement of Lost Income: \$ + Fund Total (from above) \$ = \$

This is the amount of Life Insurance you will require