(817) 613-1098

JB Gross Insurance Agency LLC

Fax (817) 613-1360

www.jbgross.com

Life & LTC Information Sheet

Full Name: _____ Referred By: _____

Requested Effective Date:_____ Primary Contact Person for Additional Information: _____

Gender: ☐ Male/ ☐ Female DOB:_____ Tobacco Use: ☐ Yes/ ☐ No Height:_____ / _____ Weight:_____lbs

Street Address: _____City:_____ Zip Code:_____County:_____

E-mail Address:_____Single: ☐ Married: ☐ Other: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Employer:_____ Length of Employment:_____ Occupation_____

Job Duties:_____

Any hazardous activities or hobbies?: _____

_____

_____

Medical Information: Are there any ongoing health conditions? ☐ **Yes/** ☐ **No** If yes, please explain in chart below:

CONDITION	MEDICATION	DOSAGE	TIMES TAKEN PER DAY	DATE PRESCRIBED	DATE DISCONTINUED

Have you had any recent hospitalizations? ☐ **Yes/** ☐ **No** If Yes, when? _____

Diagnosis:_____ Please explain in detail: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature Date

***********Agent Office Use Only*********

Date Submitted: _____ Submitted Via: ☐ Email ☐ Fax ☐ In Person Information Taken By: _____

Notes: _____

_____

_____