

DEL Insurance Services, Inc.

To:
Fax:

License Number: CA 0748174
P O Box 9310, Canoga Park, CA 91309-0310
Phone (818) 713-1191 Fax (818) 713-8377 Email: mail@delins.com

Insurance Questionnaire - Long Term Care

Applicant

A Last Name First Name Date of Birth
B Address
C City State Zip Code
D Telephone Ext Fax Email

Spouse

E Last Name First Name Date of Birth

Contact Information

F Best time to call am pm Mon Tues Wed Thurs Fri Sat Sun
G Best time to meet am pm Mon Tues Wed Thurs Fri Sat Sun
Comments

Additional Information

H Total Liquid Assets Monthly Income
I Existing policy Yes No Provided by

Health Information

Please answer the following quick questions to help determine your eligibility for long-term care insurance. Depending on your health, you may or may not be eligible for long-term care insurance. Your health does not have to be perfect; however, there are certain conditions that would prevent you from being considered for long-term care insurance.

J. In the past 5 years, have you or your spouse used tobacco products including cigarettes, pipe, cigar or chewing tobacco?
You Yes No Your Spouse Yes No

K. Please list all medications you are taking and what they are for:
You Your Spouse

Notes / Comments