*Please complete all questions and mark questions that do not apply as “N/A”*

**Insured Name:****Social Security #:****Date of Birth:**

**Occupation:**      **Phone:****Email:**

**Height:**       **Weight:**       **Sex:**

**Medical Pre-existing conditions:**

**Current Medications and Doses:**

**Mailing Address:****City:**

**State:****Zip:****County:**

**Current Amount of Life Insurance in Place:****Date Current Policy was put in Place:**

**Current Insurance Company:**

**Is Current Policy Term (Length?) or Permanent Policy (Whole or Universal Life):**

**New Requested Coverage Amount:**

**Do you want Term or Permanent or Both:**

**Applicant Information**

**Please email completed Form to Robert Shimanek, III @ *robert@fidelityoftexas.com* or Fax to Robert Shimanek, III at 866-475-1803. Contact Robert by email or @ 512-507-0776 with specific questions. Please allow 24 to 48 hours for quote to be produced.**