AMERICAN NATIONAL Farm Family
AN AMERICAN NATIONAL COMPANY

SMART THINKING, REWARDED®

QUESTIONS FOR LIFE QUOTE:

NAME: FIRST: Sherry	MIDDLE:	LAST: Spencer
GENDER: ❑ MALE ☑ FEMALE	DATE OF BIRTH: (MM/DD/YYYY) 04/08/1964	
STATE: WV	SOCIAL: 235-15-0675	
BIRTH CITY AND STATE: Charleston WV		
MARRIED: Divorced	ANNUAL INCOME: $24,000	NET WORTH:
YEARS AT ADDRESS: just moving to new house	PHONE NUMBER: 304-812-3104	EMAIL ADDRESS: sherryspencerwine@gmail.com
HEIGHT: 5'6"	WEIGHT: 205	DRIVER'S LICENSE: E728101
HAD DUI IN THE PAST 5 YEARS: ❑ YES ☑ NO	EMPLOYER: Genesis	POSITION: CNA
SMOKER: ❑ YES ☑ NO	WILL INSURED BE THE OWNER? YES	
BENEFICIARY NAME (FIRST MIDDLE LAST): Tanielle Spencer 1/1/1985, Christelle Spencer 11/28/1987, Jonathan Spencer 5/14/1990, relationship: Children	RELATIONSHIP:	DATE OF BIRTH & SOCIAL:
DO YOU HAVE EXISTING LIFE INSURANCE OR ANNUITY COVERAGE WITH US OR OTHERS? ❑ YES ☑ NO		
IN THE PAST 6 MONTHS, HAS ANY PROPOSED INSURED APPLIED FOR OR IS ANY PROPOSED INSURED CURRENTLY CONTEMPLATING APPLYING FOR OTHER LIFE INSURANCE WITH THIS OR ANY OTHER COMPANY? No		
YOUR ADDRESS: 5046 Elmhaven Cir, Charleston, WV 25213		
PRIMARY CARE PHYSICIAN: Dr. Natavoot Chongswatdi	ADDRESS: Hurricane Marshall Family Care	
DATE AND REASON FOR THE LAST VISIT: 8/1/23 Wellness		

MEDICAL QUESTIONS:

1. Please state the doctor who prescribed it and the date.

2. Taking any medications - (Name and Dosage)

   Lasartin 50mg HBP DX by PCP taken for 1yr,

   Pherentermine lowest mg (unknown)
   weightloss DX by PCP 1 month

CIRCLE ANY APPLICABLE. ASK WHEN DIAGNOSED, DOCTOR, & RECOVERED

HAD A HEART ATTACK, STROKE, HIGH BLOOD PRESSURE, ANEMIA, CANCER, TUMOR, OR AIDS.

CHECK THE BOX IF APPLICABLE. PLEASE LIST DOCTOR THAT DIAGNOSED AND WHEN.

- ☐ SEIZURE
- ☐ DEPRESSION
- ☐ ANXIETY
- ☐ DISEASE OR ABNORMALITY OF THE BRAIN
- ☐ ASTHMA
- ☐ SLEEP APNEA
- ☐ TUBERCULOSIS
- ☐ COPD OR OTHER RESPIRATORY DISEASE
- ☐ CIRRHOSIS
- ☐ HEPATITIS OR COLITIS
- ☐ DISEASE OF KIDNEYS
- ☐ PROSTATE THYROID OR ANY OTHER GLANDS
- ☐ ARTHRITIS
- ☐ LUPUS OR DISEASE OF JOINTS OR MUSCLES
- ☐ TREATMENT FOR DRUG ADDICTION
- ☐ ANY OTHER MEDICAL ADDICTION

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1. Have you ever been declined for life insurance? ❑ YES ❑ NO
2. In the past 5 years, have you flown airplanes, mountain climbing, rock climbing, racing, scuba diving, hang gliding, ballooning or skydiving? ❑ YES ❑ NO
3. Are you currently on parole or probation? ❑ YES ❑ NO
4. Have you in the last 2 years spent or plan to spend longer than 4 weeks outside of the United States? ❑ YES ❑ NO
5. Felony? ❑ YES ❑ NO
6. In the past 5 years, declined, canceled, postponed, withdrawn, or modified plan?

DOES ANYONE IN THE IMMEDIATE FAMILY HAVE A HISTORY OF HEART DISEASE, STROKE OR CANCER? ❑ YES ❑ NO			
PARENTS LIVING: Mom/ Dad	CURRENT AGE:	DECEASED: 65/70's	CAUSE OF DEATH: Lung Cancer/ Natural Causes
SIBLINGS LIVING: None	CURRENT AGE:	DECEASED:	CAUSE OF DEATH: