

**DOWNLOADABLE  
CUSTOMER PROFILE FORM**

**Marvin LeBlanc Insurance**

# **CUSTOMER PROFILE FILLABLE FORM**

Need assistance?

Contact us at:

504-731-6767

[marvin.leblanc.cdia@statefarm.com](mailto:marvin.leblanc.cdia@statefarm.com)

We are committed to  
providing you the very advice  
and service for all your  
insurance needs.

Visit our office at:  
615 Central Avenue  
Jefferson, LA 70121-1413

**YOU MAY COMPLETE THIS FORM ELECTRONICALLY**

1. SAVE IT TO YOUR COMPUTER
2. FILL IN THE FIELDS
3. CLICK THIS EMAIL ADDRESS TO SEND [Email to: Marvin.LeBlanc.CDIA@statefarm.com](mailto:Marvin.LeBlanc.CDIA@statefarm.com)

## CUSTOMER PROFILE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status (check one): Married Widowed Divorced Single

Preferred Method of Contact (check one): Email or Phone Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Number(s): \_\_\_\_\_

Members of Household:	DOB:	SSN:	Current Policies:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**To ensure that we are taking great care of you, may I ask you a few questions?**

**Health:** Do you currently have health insurance? Is this through your employer? Yes or No

**Disability:** Do you have disability insurance? Is this through your employer? Yes or No

**Life:** Do you own life insurance (aside from group insurance)? Yes or No

When did you buy your last policy? \_\_\_\_\_ Why? \_\_\_\_\_

Who is Your Life Insurance Provider(s) \_\_\_\_\_

**Retirement:** Is it important for you to be financially comfortable when you retire? Yes or No

Do you have a 401k? Yes or No If yes, how many? \_\_\_\_\_

Do you have a pension? Yes or No

Do you have an IRA? Yes or No If yes, how many? \_\_\_\_\_

Have you ever done any overall financial planning? Yes or No Estate Planning? Yes or No

Do you have a will? Yes or No If yes, when was it last reviewed? \_\_\_\_\_

Aside from your income, which financial areas are of most concern to you (e.g. reducing your tax burden, starting a business, taking care of parent(s), educating children, saving for retirement, etc.)?

**PLUP:** Are you concerned about protecting your assets from lawsuit? Yes or No

**Savings Plan:** Banking Products (MM, SA, CD, Free Checking, etc.) Yes or No

**Business Owner:** Do you have insurance, and employee retirement plans? Yes or No

**Educational Savings:** Is it important for you to help pay for your families Educational needs? Yes or No

Your household income range (check one) 0.00-50,000 51,000-100,000 100,00-200,000 200,000+

We offer other Programs here at our office. Some examples are:

1. Income Protection Programs
2. Tax efficient retirement planning
3. College Savings Accounts

Your Complimentary Insurance and Financial Review is a very important part of our relationship. When are you available next week so I/we can get you scheduled for this important visit? \_\_\_\_\_

Thank you for working with us. The greatest compliment is introducing us to your friends, neighbors, co-workers & relatives.