



# CORNERSTONE

ASSURANCE GROUP

## Bank Customer Contact Sheet

LOAN AMOUNT: \$\_\_\_\_\_

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

\_\_\_\_\_

3. Home Phone \_\_\_\_\_

4. Cell Phone \_\_\_\_\_

5. Email \_\_\_\_\_

6. D.O.B \_\_\_\_\_

7. Are you currently taking any medications? Y / N

If so, please list types of medication and ailments below.

Medication	Ailment
_____	_____
_____	_____
_____	_____
_____	_____

8. Do you smoke? Y / N

Please complete form in detail and fax to (847) 234.9681. If you have any questions or would like assistance please don't hesitate to call our office at 847.234.9680.



900 North Shore Drive  
Suite 109  
Lake Bluff, IL 60044

info@csagr.com  
(ph) 847.234.9680  
(fx) 847.234.9681

[www.cornerstoneassurancegroup.com](http://www.cornerstoneassurancegroup.com)