



Preliminary Underwriting Questionnaire

NAME _____ BIRTHDATE _____

FACE AMOUNT(S) DESIRED _____ PLAN TYPE _____

DO YOU CURRENTLY USE TOBACCO IN ANY FORM? yes _____ no _____

IF YES, WHAT IS THE TYPE OF TOBACCO AND FREQUENCY OF USE? _____

IF NO, DID YOU EVER USE TOBACCO? If yes, when did you quit _____

HEIGHT _____ WEIGHT _____

CHOLESTEROL LEVEL (if known) _____ CHOLESTEROL RATIO (if known) _____

BLOOD PRESSURE (if known) _____ DATE _____

WHAT MEDICATIONS ARE YOU TAKING (specify reason, amount and frequency) _____

HAVE YOU BEEN HOSPITALIZED IN THE LAST 10 YEARS?

If yes, explain _____

Did either parent or a sibling have a history of illness or death from heart disease, cancer diabetes, or prior to age 18?

If yes, explain _____

Are you a private pilot or do you participate in any hazardous activities (e.g. scuba diving, hang-gliding, auto or motorcycle racing, bungee jumping, private pilot, mountain climbing, etc)? If yes, provide details:

How many moving violations have you had in the last 3 years? _____

Do you have a DUI /DWI in the last 5 years? Yes _____ No _____

Have you ever been recommended for treatment or treated for alcohol or substance abuse?

If yes, explain _____

Have you ever had cancer in any form other than basal cell carcinoma? Yes _____ No _____

If yes, explain _____

Please give details of any past or planned foreign travel.

