Pre-Quote Underwriting Questionnaire

NAME _____ DATE OF BIRTH _____ MALE ☐ FEMALE ☐ STATE ☐

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ TOTAL CHOLESTEROL _____ CHOL RATIO _____

CHECK ALL THAT APPLY TO TOBACCO USE HISTORY: ☐ No tobacco or nicotine use in the last 5 years or more

☐ No tobacco or nicotine use in the last 3 years ☐ No tobacco or nicotine use in the last year

CHECK ALL THAT APPLY TO TYPE OF USE: ☐ Cigarettes ☐ E-cig or Vaping ☐ Chewing Tobacco or Snuff

☐ Pipe ☐ Nicotine Gum or Patch ☐ Cigar - indicate how many times per year on average ☐

ANY USE OF MARIJUANA OR CANNIBAS PRODUCTS IN THE LAST 5 YEARS? ☐ Yes ☐ No

ANY HISTORY OF CANCER OF ANY KIND EXCEPT BASIL CELL CARCINOMA? ☐ Yes ☐ No

PLEASE LIST ALL PRESCRIPTION MEDICATIONS TAKEN IN THE LAST 2 YEARS.
Include the date prescribed, the reason prescribed, and the length of use:

HAS A PARENT OF ANY SIBLINGS HAD ANY HISTORY OF CANCER, STROKE, DIABETES, OR HEART DISEASE BEFORE AGE 70?

☐ Yes ☐ No If yes, please specify type of condition, age on onset, age of death if death occurred because of it.

ARE YOU A STUDENT OR PRIVATE PILOT OR DO YOU ENGAGE IN EXTREME OR HAZARDOUS AVOCATION SUCH AS SKY DIVING, HANG GLIDING, SCUBA DIVING, MOTOR RACING, ROCK CLIMBING, HELI-SKING, OTHERS? ☐ Yes ☐ No
If yes, please provide details of these activities including frequency.

ANY MOVING VIOLATIONS OR DUIs IN THE LAST 5 YEARS? ☐ Yes ☐ No If yes, please provide type of violation and approximate dates of occurrences.

PLEASE PROVIDE DETAILS OF ANY FOREIGN TRAVEL IN THE LAST 2 YEARS OR PLANNED FOR THE NEXT 2 YEARS.

IF THERE IS ANY HISTORY OF THE FOLLOWING CONDITIONS, PLEASE PROVIDE DETAILS. Including condition, approximate age of onset, treatment, and the current status. *Asthma, anxiety, depression, sleep apnea, heart condition of any kind, stoke, TIA, diabetes, glucose intolerance, gout, arthritis, auto-immune conditions, anemia, any blood disorder, hepatitis, high cholesterol, high blood pressure, or any other chronic or on-going disease or disorder.*

Marijuana Use Questionnaire

Complete if any marijuana or cannibas use in the last five years

Approximately when was the last time you used a cannabis product? _____

How many times, on average, do you use cannabis products each month? _____

If less than once per month, how many times in the last year? _____

If none in the last year, how many times in the last 5 years? _____

Is your use recreational or by prescription? ☐ Recreational ☐ Prescription

If prescription, what condition is it treating? _____

What type of cannabis products do you use? ☐ Edibles ☐ Pipe ☐ Vape ☐ Smoke

If you smoke, do you blend it with tobacco? ☐ Yes ☐ No

Do you use any other drugs not obtained by prescription? ☐ Yes ☐ No

If yes, what type of drugs and what is the frequency of use?

Do you have any history of drug or alcohol addiction or treatment? ☐ Yes ☐ No

If yes, please provide details including dates, type, and outcome.

Has a physician ever advised you to discontinue or reduce your use of alcohol? ☐ Yes ☐ No

If yes, please provide date, details, and result.

RETURN