



Pre-Underwriting Questionnaire
Phone 888.859.5764 / Fax 949.362.3270 / Email ltc@thepg.com

Broker: _____ Date: _____

Telephone: _____ Email: _____

Client: _____ Spouse: _____

DOB: _____ DOB: _____

Height: _____ Weight: _____ Height: _____ Weight: _____

Smoker: _____ Non-Smoker: _____ Smoker: _____ Non-Smoker: _____

List all medications and related conditions:

_____	_____
_____	_____
_____	_____
_____	_____

Has there been a hospital stay in the past 5 years?

Yes No

Yes No

Reason: _____

Reason: _____

Date of last treatment: _____

Date of last treatment: _____

Yes No Are there any pending surgeries? Yes No

Yes No Have you mentioned memory loss to your doctor? Yes No

Yes No Is there a history of any significant health condition? Yes No

Yes No Have you visited a doctor in the past 18 months? Yes No

Please complete and return with your illustration request form.