



## Underwriting Questionnaire - General

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Client:** \_\_\_\_\_ **DOB :** \_\_\_\_\_  Male  Female  
**Product/Face Amount:** \_\_\_\_\_

\* **TOBACCO/NICOTINE USE (past or present):**  YES\*\*\*  NO

\*\*\*Please provide details as to any past or present use of tobacco or nicotine products, including type of use, duration & frequency of use, date quit, etc.:

\* **BUILD:** Height: \_\_\_ ft \_\_\_ in. Weight: \_\_\_\_\_ pounds

\* **FAMILY HISTORY:** (Family history may be a factor in determining rate class) Is there a family history (parent or siblings) of the following conditions/disease onset prior to age 60:

**Cardiac Disease**     YES  NO                      **Diabetes**                       YES  NO  
**Stroke or TIA**         YES  NO                      **Cancer**                       YES  NO

Please provide details for any "YES" response below (attach additional sheet if necessary)

| FAMILIAL RELATIONSHIP | SPECIFIC CONDITION(S) | AGE WHEN DIAGNOSED | CURRENT AGE (if living) | DECEASED (list age @ time of death) |
|-----------------------|-----------------------|--------------------|-------------------------|-------------------------------------|
| <i>FATHER</i>         |                       |                    |                         |                                     |
| <i>MOTHER</i>         |                       |                    |                         |                                     |
| <i>SIBLING 1</i>      |                       |                    |                         |                                     |
| <i>SIBLING 2</i>      |                       |                    |                         |                                     |

\* **BLOOD PRESSURE & CHOLESTEROL:**

Latest BP Reading: \_\_\_\_\_ / \_\_\_\_\_

Latest Total Cholesterol Reading:    mg

Latest Cholesterol/HDL Ratio:

*Are you currently taking any medication for blood pressure?*

No     Yes - Name of medication:

*Are you currently taking any medication to lower cholesterol?*

No     Yes - Name of medication:

**\*MEDICAL CONDITIONS**

Have you ever been diagnosed, or treated for any of the conditions listed? (Check all that apply\*)

- Alcohol abuse*
- Alzheimer's/dementia/cognitive impairment*
- Asthma*
- Cancer*
- Cirrhosis*
- COPD*
- Coronary artery or cerebrovascular disease*
- Crohn's disease*
- Depression/anxiety*
- Diabetes*
- Drug abuse*
- Epilepsy*
- Heart murmur/valve disease*
- Hepatitis*
- Irregular heartbeat/palpitations*
- Kidney disease*
- Lupus*
- Multiple sclerosis*
- Peripheral vascular disease*
- Rheumatoid arthritis*
- Sleep apnea*
- Stroke*
- Other:*

**\*For each Impairment/Condition checked above, provide as much detail as possible, including when and how the condition was diagnosed, cause/how it was contracted and, as applicable, the current status and/or prognosis:**

**\*What type of treatment was or is provided for the conditions listed? (Start and end dates, name of treatment)**

**\* MEDICATIONS - List ALL current medications, prescription and non-prescription (including vitamins, nutritional supplements, herbal preparations, etc) in the space provided below:**

| MEDICATION | DOSE | MEDICATION | DOSE |
|------------|------|------------|------|
| 1.         |      | 5.         |      |
| 2.         |      | 6.         |      |
| 3.         |      | 7.         |      |
| 4.         |      | 8.         |      |

**\*Are there any other health factors or information you consider important in evaluating an application for life insurance?**

**NON-MEDICAL ISSUES:**

**✓AVOCATION/HAZARDOUS ACTIVITY:**

**In the past 5 years have you, or do you intend to, participate in the activities listed?**

None      Flying Racing      Sky Diving      Scuba Diving      Other

Please provide brief summary as to the specifics of your involvement in any avocation:

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**✓CITIZENSHIP/RESIDENCY/TRAVEL:**

**US Citizen:**      YES    NO

If “NO” provide type and expiration date of visa, green card # & status, length of time in USA, etc:

**US-Based Assets:**    NO    YES (provide brief summary below)

Any future plans to live or travel outside the USA?    NO    YES

If “YES” list purpose of travel, countries, specific cities/regions, frequency, and duration of travel:

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**✓DRIVING HISTORY:**

Have you had any of the following motor-vehicle-related incidents in the past 10 years?  
(Check all that apply and list details below)

- Moving violation
- Reckless driving
- DWI/DUI
- License suspension
- License revoked

Provide date(s) of violation(s), current DL status, disposition/details of court case, and any other applicable information:

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**NOTE: Specific questionnaires for certain issues or conditions (medical and/or non-medical) may be required in order to provide accurate pricing and insurability determinations.**

