

Pre-Underwriting Questionnaire

Agent Name: _____ Agent Contact Information: _____

Client Name: _____ DOB: _____ Gender: M F

Type of Insurance Requested: _____ Amount of Insurance: _____ Requested State of Sale: _____

Has the case been submitted to other companies in the last 12 months? _____

If yes, list companies, dates and outcome of application: _____

List any medications, including over the counter medication or vitamins. Include frequency and dosage.

Height: _____ Weight: _____ Any weight changes in the past 12 months? Y N

Family History: Has any family member been diagnosed with the following prior to age 60? Please indicate family member, disorder and age of onset.

Cancer	Diabetes	High Blood Pressure	Heart Disease	Kidney Disease

Details: _____

Have you had a family member die before the age of 60? If yes, indicate family member and reason.

In the past 3 years have you seen a doctor? ____ If so please give reason: _____

Please include any tests that were done and results: _____

Any nicotine use within last 5 years? ____ If yes, please put type, amount and last day of use: _____

Any alcohol use within last 5 years? ____ If yes, please put type, amount and frequency: _____

Have you had abnormalities with any blood test, urinalysis, blood count, EKG or any other tests you have had done? If yes please give date and explain in detail: _____

If you have been diagnosed or have a history of any of the following, please describe in detail (date of onset, treatment given). If needed, we have additional questionnaires to get more specific information.

Alcohol Dependency	Angina
Anxiety	Asthma
Atrial Fibrillation	Barrett's Esophagus
Cancer	Chronic Obstructive Pulmonary Disease (COPD)
Coronary Artery Disease	Crohns/Colitis
Cystic Fibrosis	Depression
Diabetes	Eating Disorder
Enlarged Heart	Epilepsy
Heart Attack	Hepatitis
Hypertension	Irregular Heartbeat
Lymphoma	Multiple Sclerosis
Parkinson's Disease	Sleep Apnea
Substance Abuse	TIA/CVA (transient ischemic, attack-mini-stroke/stroke)
Valve Disorder	Other

Any extra activities such as flying, mountain climbing, scuba diving, automobile racing, sky diving etc. Please give dates and details. Additional questionnaires are available. _____

Additional Information:
