



# Preliminary Underwriting Questionnaire

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FACE AMOUNT(S) DESIRED

PLAN TYPE      Premium      10 Year Term      15 Year Term      20 Year Term  
                         25 Year Term      30 Year Term      Other \_\_\_\_\_

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 \_\_\_\_\_

WHAT MEDICATIONS ARE YOU TAKING (specific reason, amount and frequency ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN HOSPITALIZED IN THE LAST 5 YEAR ?    Yes    No

If yes, explain \_\_\_\_\_

Did either parent or a sibling have a history of illness or death from heart disease, cancer, diabetes, stroke prior to age 70?    Yes    No

If yes, please explain \_\_\_\_\_

Are you a private pilot or do you participate in any hazardous activities (e.g. scuba diving , hang-gilding , auto or motor cycles racing, bungee jumping, private pilot, mountain climbing etc.)    Yes    No

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?    Yes    No

If yes, explain \_\_\_\_\_

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

If yes, explain \_\_\_\_\_