



Preliminary Underwriting Questionnaire

Name _____ Date of birth _____

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? Yes No 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 _____