

Underwriting questionnaire for personal information:

Personal History for:

Total liabilities: _____ Total Assets: _____ Net worth: _____
Current Income: _____ Household Income: _____

Have you ever declared bankruptcy? If yes, provide details including date started and date discharged.

Are you a member of the armed forces or do you plan on becoming a member? If yes, give details.

Have you flown as a pilot, student pilot, or crew member? If yes, give details

Place of Birth, City & State?

What country are you a citizen of?

Do you intend to travel outside the US or Canada in the next 5 years? If yes, give full details:

List the foreign locations where you plan to live or travel: Location – City and Country:

Mode of transportation?

Arrival date, departure date, reason for trip, anticipated work environment?

List foreign locations where you have traveled in the past 2 years? City and Country, arrival date, departure date, reason for trips.

Traffic violations: In the past 5 years has your driver's license ever been suspended or revoked or have you been convicted of, or pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs?

Drivers license number: _____ Issuing State of license: _____

Home address:

How long have you lived in your home:

How long have you been employed with your current employer? Name & address of employer:
Occupation and duties:

Tobacco history: Have you ever used tobacco products? If yes, type, how often?

If you no longer use, when did you stop, what type did you use?

In the past 5 years have you participated in, or do you intend to participate in any hazardous activities such as, but not limited to: hang-gliding, hot-air ballooning, mountain, rock or ice climbing, motor vehicle or boat racing, scuba or skydiving, etc. If yes, give details, type of activate, certificate held, clubs or organizations you are a member of, etc.

Do you engage in regular exercise? What type of exercise? How many times a week? How long?

Alcoholic beverage use: Never used, totally stopped, use now.

If you have totally stopped, indicate number of years since you totally stopped and give date and reason in details as to why you stopped. Are you a member of AA or any other organization or support group?

If you used now, how often do you drink alcoholic beverages, occasionally, 3 or less days per week, 4 or more days per week.

When you drink, how many drinks do you consume per day, month or year? 3 or less, 4-6, 7 or more

Existing life insurance: carrier name, policy number, amount, type of coverage, year issued, beneficiary.

Have you ever had an application or reinstatement request for life or disability insurance refused, postponed, limited, withdrawn or cancelled, or have you been asked to pay a higher premium? If yes, give details.

Have you ever requested or received a worker's compensation or social security or disability income payment? If yes, when, for what reason, how long were you out of work?

Have you ever been convicted of a misdemeanor or a felony? If yes, give details.

Do you have any other life insurance informal inquiry or applications pending in any other company?

Family History:

List current age of the follow: If they are deceased, age at death and reason. If they have had cancer or heart problems, give the age of onset whether they are alive or deceased.

Father

Mother

Sister (s)

Brother (s)

Grandparents

Have any of your parents, brothers or sisters had diabetes, any type of cancer, high blood pressure, heart, kidney or liver disease, alcoholism, mental illness, or suicide in your family?

If yes to any of the above, please give details, who was affected, the on-set of illness.

Personal Health History:

Have you ever had chest pains, stroke, any type of cancer, diabetes, or disorders of the immune system or disorder of any major organs; liver, lungs heart, etc..

Medical information needed:

List all doctors you have seen in the last year along with the reason for visit. Indicate which doctor is your personal/primary physician.

Name, address & phone number:

List all doctors you have seen in the last 7 years along with the reason for the visit.

Name, address & phone number:

Are you taking any medications?

Name of drug: _____

Reason: _____

Doctor's name and phone number:

Have you had any surgeries in the last 10 years? If yes, please provide doctors name & phone number and surgery that was preformed. If you have any surgeries that are scheduled that have not been preformed yet – please list those.

Have you ever had a stress test? If so, list the name of the doctor and where the test was performed. If one was recommended but not completed, give reason why it was not completed.

Do you have any medical problems?

Have you been advised to have any medical testing done which has not been completed? If not completed, list reason why it was not complete.
