

Field Underwriting Questionnaire

Agent Name _____

Phone _____

Email Address _____

Applicant Last Name _____

Date of Birth _____

Sex Male Female

Height/Weight _____ / _____

Occupation _____

Ever use nicotine products?

If yes, check type and list date last used:

Other: _____

Date last used _____

Frequency per month _____

Product Applying for: Term Universal

Face Amount _____

1. Have you ever been diagnosed or treated for any of the following? If yes please provide details.

- Hypertenion/HBP
- Cholesterol
- Cancer

- Heart Disease
- Diabetes

2. Is there any family history of cancer?

- No
- Yes, details including family member, age of onset, and age of death:

3. Is there any family history of heart disease?

- No
- Yes, details including family member, age of onset, and age of death:

4. Are you on any medication(s)? No Yes, Name(s) and dosage(s) _____

5. Do you participate in any of the following activities: If yes, please provide details.

- Aviation
- Race Car Driving
- Mountain Climbing
- Sky Diving
- Scuba Diving
- Competitive Skiing
- Hang Gliding
- Other: _____

6. Date you last consulted your physician and reason for visit: _____

Additional Comments:

