



Underwriting Criteria Questionnaire

Date: _____

Producer Name/Email/Phone: _____/_____/_____

Client Name: _____ M / F _____ DOB: _____ Writing State: _____

U.S. Citizen? _____ If no, country of citizenship/green card/visa status: _____

Product Type/Duration/Face Amount: _____/_____/_____

Height _____ Weight _____ Weight change of more than 10 lbs. in the last year? Yes or No _____

If yes, how much? _____ Gain or Loss _____ Reason for change? _____

Ever Used Nicotine? _____ What? _____ How much/often? _____/_____ Discontinued date? _____

Ever used marijuana? _____ recreational/medicinal? _____ If yes, weekly amount and the last time used: _____

Current cholesterol level? _____ HDL? _____ HDL/LDL Ratio? _____ Medication? _____

High Blood Pressure? _____ Controlled? _____ Medication? _____ How long? _____

Provide all medications you are currently taking. (include reason, dosage and frequency) _____

When was your last complete physical exam with full blood/urine work up? _____

Family History: Any parents or siblings with a history, or death before the age of 70, of cancer, diabetes, high blood pressure, or heart disease? If yes, please provide details. List age of parents, all siblings who are living (If deceased, causes of death, and at what age?) _____

Have you been rated or declined for life insurance? Yes / No _____ If yes, when, why and with what company? _____

Have you had any health impairments in the last 10 years? Yes / No _____ If yes, what, when and how was it resolved? _____

Have you been convicted of a DUI while operating a motorized vehicle or reckless driving in the past 5 years or have 2 or more moving violations in the past 3 years? Yes / No _____ If yes, what and when? _____

Do you now, or have you in the past, flown an airplane as a pilot or crew member? _____

Do you participate in any hazardous activities? (scuba, auto or motorcycle racing, sky diving, mountain climbing etc.) _____

Have you traveled outside of U.S. in past 3 months or do you have future plans? If yes, when/where? _____

Have you been treated for alcohol or substance abuse in the last 10 years? _____

Have you ever been convicted of a felony or misdemeanor? If yes, explain _____

Have you ever filed bankruptcy or intend to seek bankruptcy protection within the next 12 months? (If filed, list chapter filed, date, reason, and discharge date.) _____

Any additional information not covered above that should be considered? (Competition details, other applications pending, etc.) _____