



Questionnaire For: Preferred Risk

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____
 Proposed Insured: _____ Date of Birth: ___/___/___
 Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()
 Amount of Coverage \$ _____ Product Type _____

1. Please detail the client's family history:

	Age if Living	Age at Time of Death and Cause
Father:		
Mother:		
Sibling:		
Sibling:		

2. Detail the client's medical history (check all that apply):

- Cancer history / Heart history/Condition
- Diabetes history / Alcohol or drug abuse history
- High blood pressure If yes, please detail:
 Current reading _____
 Highest reading _____
 Type of treatment _____
- Elevated cholesterol history If yes, please detail:
 Current reading _____
 HDL reading or ratio _____
 Highest cholesterol reading _____
 Type of treatment _____
- Electrocardiogram (EKG) If taken within past year:
 Results: Normal Other _____
- Stress EKG or Thallium If taken within past year, detail:
 Results: Normal Other _____
- Sigmoidoscopy If taken within past year, please detail:
 Results: Normal Other _____
- Prostate exam If taken within the past year, detail:
 Results: Normal Other _____
- Mammogram If taken within the past year, please detail:
 Results: Normal Other _____

3. Has the client had a standard medical checkup within the past year? Yes No

If yes, please detail: Results: Normal Other _____

4. Does the client exercise three or more times per week? Yes No
If yes, please detail _____
5. Does the client take vitamins? Yes No
If yes, please detail _____
6. Has the client received any driving violations during the past three years? Yes No
If yes, please detail date and type _____
7. Does the client participate in aviation / avocation activities? Yes No
If yes, please detail _____
8. Client's occupation _____
9. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each: _____
