



General Use Underwriting Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

Any existing insurance? Yes No If yes, is it being replaced: Yes No

1. What is the impairment? _____

2. When was the proposed insured first diagnosed? _____

3. Has there been any treatment? Yes No

If yes, provide complete details of treatment: _____

4. Is the proposed insured current taking any medication(s)? Yes No

If yes, provide name, dosage and frequency of medication(s) _____

5. Are there any other health issues? Yes No

If yes, please give details: (additional questionnaires may be required) _____

6. Any family history (parent, sibling, etc.) of health impairments? Yes No

Provide complete details, including impairment, relation, age of onset, and age at death (if applicable):

800-229-9020