

# The Life Insurance Design Questionnaire

## Pre-Qualification Underwriting Questions

Please answer the following questions to enable us to be as accurate as possible when quoting life insurance alternatives for you. A review of all underwriting requirements by the home office is necessary for final determination of rate class. Please provide details for any "yes" answers.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you used tobacco in any form within the past 15 years? If "yes", please list the form of tobacco and the date last used. FORM: _____ LAST USED: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have there been any cardiovascular deaths under age 60 among your parents or siblings?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has there been any cancer history (not just deaths) prior to age 60 among your parents or siblings?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any personal history of cancer excluding basal cell carcinoma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any personal history of coronary artery disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your current known cholesterol reading greater than 220?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had any known blood pressure average greater than 140/90?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any ongoing medical conditions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you taking any prescribed medications? If yes, please list name(s) and dosage(s).<br>_____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any DWI / DUI or reckless driving convictions in the past 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you a pilot other than for a commercial passenger airline?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you engage in automobile or motorcycle racing, sports parachuting, skin or scuba diving or hang gliding?   | <input type="checkbox"/> | <input type="checkbox"/> |

DETAILS OF "YES" ANSWERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPOSED INSURED'S NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX (M/F): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_