

Field Underwriting Questionnaire - General Purpose

Name: _____

Male Female DOB _____

Height _____ Weight _____

Smoker? Yes No

Insurance Amount _____

Insurance Type UL/WL Term

1. Please list illness.

Please provide details.

2. Please provide month and year the illness was diagnosed. _____

3. What type of treatment was administered?

surgery month/year _____
 medication (list) _____

Other type of treatment _____

4. When was the last time you visited a physician about this disorder?

0 to 6 months
 6 to 12 months
 12 to 24 months
 over 24 months ago

5. Please list last cholesterol reading (if known) _____

6. Please list last blood pressure reading (if known) _____/_____

7. Do you regularly exercise 3 or more times per week?

Yes (type) _____
 No

8. Please list any other illness or impairment. _____

9. Please list all medications currently being taken. _____

10. Has either parent, or any sibling, died before age 65, other than by accident?
 Yes (list cause) No

11. Last life insurance applied for and result.

Company: _____

Date: _____

Result: _____

Declined Postponed

Rated table _____

COMMENTS: _____

Agent _____

Address _____

Phone _____

Fax _____