

**Underwriting Criteria Questionnaire**

Date: \_\_\_\_\_

Producer Name/Email/Phone: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

If yes, how much? \_\_\_\_\_ Reason for change? \_\_\_\_\_

Nicotine use?  Yes  No What? \_\_\_\_\_ How much/often? \_\_\_\_\_ Discontinued date? \_\_\_\_\_

Current cholesterol level? \_\_\_\_\_ HDL? \_\_\_\_\_ HDL/LDL Ratio? \_\_\_\_\_

High Blood Pressure? \_\_\_\_\_ Controlled? \_\_\_\_\_ Medication? \_\_\_\_\_ How long? \_\_\_\_\_

Family History: Age of parents, brothers and sisters who are living (If deceased, cases 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? \_\_\_\_\_Are you currently taking any medication other than already discussed?  Yes  No If yes, what are you taking and why, dosage and frequency? \_\_\_\_\_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?  Yes  NoDo you participate in any hazardous activities? (scuba, auto or motorcycle racing, sky diving, mountain climbing etc.)  Yes  No If yes, what? \_\_\_\_\_Have you been treated for alcohol or substance abuse in the last 10 years?  Yes  No

Any additional information not covered above that should be considered? \_\_\_\_\_