MVP FINANCIAL SERVICES

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 ☐ No

Do 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? _____

_____