

LIFE WORKSHEET

Date: _____

Client Name: _____ Date of Birth: _____

Occupation: _____ Annual Income: _____

State: _____ Amt of Insurance: _____ Type: Term ROP Term WL GUL SUL

FIELD UNDERWRITING QUESTIONS

In the past 5 years, has your driver's license been suspended or revoked, or have you been convicted of any moving violations or accidents? No Yes (if yes, please explain)

Do you intend to travel outside of the U.S. or Canada, or change your country of residence in the next 12 months? No Yes (if yes, please explain)

Are you currently, or have you ever used tobacco or nicotine products? No Yes
If yes, last date used & what form or products (cigarettes, cigars, pipe, chewing tobacco or nicorette gum)

Current height & weight: _____ Current Blood Pressure & Cholesterol: _____

Are your parents & siblings alive?

Mother: Yes No

Cause of Death: _____ Age: _____

Father: Yes No

Cause of Death: _____ Age: _____

Sibling: Yes No

Cause of Death: _____ Age: _____

Sibling: Yes No

Cause of Death: _____ Age: _____

Is there any family history (parents and/or siblings) or cancer or heart disease? No Yes
If yes, please provide details including age of onset:

Have you been hospitalized in the last 5 years? No Yes (if yes, please explain)

What current prescriptions are you taking? Please indicate the name, dosage & times taken daily:

Do you have any medical conditions not listed above? No Yes (if yes, please explain)
