



Disclaimer: Not an application for life insurance. This inquiry is exclusively for specific information on a proposed insured's medical history and other factors that may affect underwriting and rating classification.

INSURED INFORMATION

Date: _____

Name: _____ Date of Birth _____

Height _____ Weight _____ Sex: M F Social Security or Tax ID Number _____

- 1. Any weight change of 10 lbs. or more in the last year?
2. Tobacco or nicotine use of any form (cigarette, cigar, chew, gum, etc.?)
3. I am a resident of the state of
4. Do you plan any foreign travel or residency outside of the U.S. or Canada in the next two years?
5. Have you traveled outside of the U.S. or Canada in the past three years?
6. In the past two years, have you flown as a pilot or co-pilot?
7. Are you involved in any potentially hazardous or dangerous hobbies (ballooning, boxing, diving, white water rafting, rodeo events, racing, hang gliding, parachuting, etc.?)
8. When operating a motor vehicle, boat, or aircraft in the last three years, have you:
9. List current medications, including dosage and frequency:
10. Who is your primary care physician? (name, address, phone number):
11. List all other medical doctors seen in the last five years (name, address, phone number):
12. Current blood pressure and date it was last taken:
13. Total Cholesterol Level: HDL: LDL: Chol/HDL:
14. Have you ever been diagnosed with cancer?
15. Do you have cardiac problems?
16. Do you have diabetes?
17. Date of Onset? Recent A1C level: Type? Insulin Dependent?
18. Have you been diagnosed with a serious condition not listed above?
19. List immediate family members (parents and siblings) ages, names, sex. If deceased, cause of death and age?