



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 _____