Preliminary Insurance Fact Finder

Please complete as much information as possible to facilitate the underwriting and/or pre-screening process.

Personal Health Information

Proposed Insured's Legal Name: _____ **Date of Birth**: _____

Plan of Insurance requested:

Individual: ☐Term ☐UL ☐VUL ☐WL ☐LTC ☐LTC Hybrid **Survivorship:** ☐SUL ☐SVUL ☐SWL

Rate Class Desired
☐ Best Rate
☐ Preferred
☐ Standard
☐ Rated: _____

Face Amount Desired: $ _____

Are you applying to any other carrier? Y☐ / No ☐

Have you in the past ever been declined, rated, or postponed? Y☐ / N☐

If yes, when, what carrier, and what reason? _____

Medical and Lifestyle Assessment

Present Nicotine Use:

☐ None ☐Cigarettes – frequency of use per day: _____
☐Cigars ☐Pipe ☐Dip ☐Chew ☐Nicotine Gum ☐Other: _____

Quantity per month: _____

Former Tobacco User: List each type of tobacco, quantity and frequency used, and date of last use: _____

Build:
Height:_____feet_____inches Weight:_____pounds.
Any weight gain or loss in the past year (greater than 10#)? Details: _____

Family History (*Family history is a consideration for each rate class*):

To your knowledge, is there any family history (parent or siblings) of disease due to cardiovascular, cerebrovascular disease, diabetes or cancer? ☐ No ☐ Yes

If Yes, provide full details with the specific impairment, age at onset, and age at death if deceased:

☐ Father: _____

☐ Mother: _____

☐ Siblings: _____

Blood Pressure and Cholesterol:

Latest BP reading:_____/_____Latest Total Cholesterol:_____mg. Latest cholesterol/HDL ratio:_____
Are you currently taking any medication for blood pressure? ☐ No ☐ Yes, Name of medication: _____

Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes, Name of medication:_____

Aviation/Avocation:
In the past 5 years have you or do you intend to participate in any hazardous activities?

☐ None ☐ Flying ☐ Racing ☐ Sky Diving ☐ Scuba Diving ☐ Mountain Climbing ☐ Other: _____

Details: _____

Citizenship/Residency/Travel

US Citizen: ☐ Yes ☐ No

If no, provide type and expiration of visa, green card status and length of time in the USA: _____

Any future plans to live or travel outside of the USA? ☐No ☐Yes (provide purpose, cities, countries, frequency and duration): _____

Driving History:

Have you had any of the following motor vehicle related incidents in the past 10 years?

☐ Moving Violation ☐ Reckless Driving ☐ DWI ☐ DUI ☐ License suspension ☐ License revoked
Provide Dates and details: _____

Medical History:
Have you ever had, been told you had, or been treated for any of the conditions listed below? If yes, check all that apply:

☐ Alcohol or Drug abuse	☐ Cerebrovascular disease	☐ Kidney disease
☐ Alzheimer's/dementia/	☐ Crohn's disease	☐ Lupus
☐ Cognitive impairment	☐ Depression/anxiety	☐ Multiple sclerosis
☐ Asthma	☐ Diabetes	☐ Peripheral vascular disease
☐ Cancer	☐ Epilepsy	☐ Rheumatoid arthritis
☐ Cirrhosis	☐ Heart murmur/valve disease	☐ Sleep apnea
☐ COPD	☐ Hepatitis	☐ Stroke
☐ Coronary artery disease	☐ Irregular heartbeat/palpitations	☐ Other _____

List all medications taken, dosage and/or frequency, the reason being taken, and the name of prescribing physician:

_____

_____

_____

_____

_____

List all diagnosis, dates consulted and treatment details as well as names, addresses/phone numbers of all physicians consulted:

_____

_____

_____

_____

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_____

Other notes, comments or concerns:

_____

_____

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