

PERSONAL INFORMATION

Name: _____ Phone #: _____
 Home Address: _____
 Birthdate: _____ Height: _____ Weight: _____
 Gender: _____ Occupation: _____
 Desired Coverage Amount: _____ Term/Permanent: _____

UNDERWRITING INFORMATION

Please answer the following questions to help us better estimate your premium. Actual premiums will vary based on the results of our underwriting process. This is not an application for insurance and will not be used as part of the underwriting process.

Have you ever been treated or told that you have high cholesterol? Yes No
 Last cholesterol reading: _____

Have you ever been treated or told that you have high blood pressure? Yes No
 Last blood pressure reading: _____

Have any of your parents or siblings died from or been diagnosed as having heart disease or cancer before age 60? Yes No
 If yes, identify family member/disorder/age at death: _____

Do you participate in any hazardous activities or sports? Yes No
 (sky or scuba diving, hang gliding, rock climbing, motorized racing)

Do you currently fly or intend to fly as a private pilot? Yes No

Do you currently take prescription medicines on a daily basis? Yes No
 If so, name the medicines and the condition being treated.

Do you currently or have you ever used tobacco or nicotine products? Yes No
 If yes, please specify type (cigarettes, cigars, smokeless) and date of last time used.
