

Underwriting Questionnaire

Accelerating the Underwriting Process

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Amount applied for _____ Plan of insurance _____ Date of last doctor visit _____

Reason for last doctor visit _____ Date of last labs _____

Medical conditions _____

Current build _____ Current blood pressure _____

Has the client ever been diagnosed with COVID-19 or asked to be quarantined within the past 30 days Yes No

Travel outside the U.S. within the past 30 days Yes No If yes, countries/cities traveled to and length of stay _____

Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken

List any other major health problems the client has: