

# Underwriting Questionnaire

## Express Underwriting

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Client Height \_\_\_\_\_ Client Weight \_\_\_\_\_ Client State of Residence \_\_\_\_\_

Does your client participate in any hazardous activities, hobbies or sports such as scuba diving, rock climbing, piloting or vehicle racing?  
 Yes  No If yes, please provide details including type of activity, how often pursued and date of last participation.

Has your client had any moving violations in the last five years, such as speeding tickets, accidents, or a DUI in the last 10 years?  
 Yes  No If yes, provide approximate dates and details.

Is your client a U.S. citizen?  Yes  No If no, provide details. Include date of entry to US, country of citizenship, type of visa and plans to become US citizen.

Has your traveled internationally in the past two years or is your client expecting to travel internationally within the next two years?  
 Yes  No If yes, to what countries, for how long and for what purpose?

Any nicotine use of any kind within the last 5 years?  Yes  No If yes, what type (Nicorette gum, patches, occasional cigars, etc.), current use or stopped, etc.?

List any significant medical history (including, but not limited to, elevations in blood pressure or cholesterol, anxiety/stress, depression, cancer, complications of pregnancy, abnormal lab results, diabetes, disorder of kidney, liver or heart, etc.).

Is your client taking any medications?  Yes  No If yes, what medication, dosage, and for what condition?

Is there a history of heart disease, cancer or diabetes prior to age 70 in either parent or siblings?  Yes  No If yes, provide details (relation, condition, age of onset, current age or age of death, etc.)

Has your client lost or gained more than 10 pounds in the past 12 months?  Yes  No If yes, provide details including amount of weight gained/lost and reason.