Preliminary Risk Evaluation Questionnaire

Agent Name:_____ **Agent Phone Number**:_____

Agent Email:_____

Proposed Insured Name:_____ **Proposed Insured Date of Birth**:_____

Gender (circle): Male / Female **Requested Death Benefit**:_____

Type of Coverage (circle): Term / UL

Measurements: Height:_____ Weight:_____ **Current Nicotine Use** (circle): Yes / No

If current or past Tobacco use, advise type, amount, frequency and date last used:_____
_____

Family History: (Family History is a consideration for each rate class): Is there any family history of cardiovascular disease, cerebrovascular disease, diabetes or cancer in a parent or sibling (circle)? Yes / No

If yes, please provide relationship to insured, age of onset and age at death if deceased:_____
_____

Blood Pressure and Cholesterol: Most recent BP Reading:_____/_____

Most recent Cholesterol Reading: _____ Cholesterol/HDL Ratio:_____

Motor Vehicle Operation Details: Have you ever been convicted of a DWI, DUI, reckless driving, multiple moving violations, license revocation or suspension (circle)? Yes / No If yes, advise details:_____
_____

Hazardous Activities: Have you in the past 5 years, or do you plan on participating in the following activities within the next 12 months? (circle all that apply):

Aviation
Climbing/Mountaineering
Motor Sports
Parachuting
Scuba Diving
Other

If yes, please advise details:_____
_____

Please list all current medications, dosage and frequency:_____
_____

Medical History: Have you ever been diagnosed or treated for the following conditions (circle all that apply):

Alcohol / Drug Abuse
Alzheimer's / dementia / cognitive impairment
Anxiety / Depression
Asthma
Cancer
Cirrhosis
COPD
Coronary Artery or Cerebrovascular Disease
Diabetes
Heart Murmur / Valve Disease
Hepatitis
Kidney Disease
Lupus
Multiple Sclerosis
Parkinson's Disease
Sleep Apnea
Stroke
Other

List dates, diagnosis, details, treatment for all yes answers noted above:_____
_____
_____
_____
_____