Underwriting Questionnaire

Drug Use



Producer Name	F	Phone	Date	_ \
Client Name Date of		Date of Birth		
☐ Male ☐ Female	Face Amount	Max Premium \$		
☐ Term ☐ Permanent	Has the client ever used	any form of tobacco (cigar	ettes, cigars, pipe, snuff, etc.)? □Yes □No
Frequency	Date of last use		Type	
Does the client presently u	se any drugs other than those	prescribed by a physician	or those available over the co	unter?
□Yes □No	If no, date of last drug use		If yes, complete table below	,
Туре	Usual Quantity	Frequency of Use	How Taken; IV	Dates: From - To
Did the client ever use oth ☐Yes ☐No Type	er drugs or more drugs than the If yes, complete table below Usual Quantity	rey currently use? Frequency of Use	How Taken; IV	Dates: From - To
Has the client ever been troops No Any relapses No Any legal troubles because Yes No Any driving violations Yes No	eated for excessive drug use If yes, provide date(s) and de If yes, provide date(s) and de of drug use If yes, provide date(s) and de If yes, provide date(s) and de (grescription or otherwise)	tailstails		
Is the client taking or has t	the client ever been prescribed	Subovone or any other me	dication to control his/hor dr	In use? If was places

provide details:

List any other major health problems the client has:



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020