Underwriting Questionnaire

Mature-Age Lifestyle

The purpose of this questionnaire is to help CBS Brokerage get to know the proposed insured beyond what is written in an APS or what is on the medical exam. The list of questions below will help us better position your case. Please elaborate as much as possible.

NOTE: This form should be completed if the proposed insured is age 70 or above.

Producer Name	Phone		Date	
Client Name	Date of Birth			male
Face Amount	Max Premium \$	/yr.	□Term □P	ermanent
Has the client ever used any f	orm of tobacco (cigarettes, cigars, pipe, sn	nuff, etc.)? 🗌 Yes 🏻 🖺	□No	
Frequency	Date of last use		Туре	
What activities does the propo	osed insured routinely participate in? (golf	f, travel, cards, etc.)		
Does the proposed insured pa	articipate in any type of exercise routine? I	f so, please elaborat	e. 🗌 Yes 🗌 No	
Does the proposed insured di	rive? If no, why not?			
Does the proposed insured us	se any assistive devices? (cane, walker, etc.	.) 🗌 Yes 🗌 No		
Is there a history of falling by	the proposed insured? ☐Yes ☐No			
Does the proposed insured m	anage his/her own financial affairs/investr	nents? □ Yes □ N	No	
Is the proposed insured emplo	oyed? □Yes □No			
If not employed, is the propos	sed insured involved in any volunteer or cl	narity work?	□No	
What are the proposed insure	ed's hobbies?			
What does owning an insurance policy mean to the proposed insured and what is the ultimate purpose he/she wants this policy to fulfill?				
What other factors will enable	e us to favorably present the application to	o the insurance comp	pany underwriters?	



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