

Underwriting Questionnaire

Military Service



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 _____

Branch of Military Army Navy Air Force Coast Guard
 Marines Reserves National Guard

Special Forces

- Army Rangers
- Delta Force
- Air Force Special Forces
- U.S. Army Special Forces (aka The Green Berets)
- Navy SEAL or Navy Special Warfare Development Group
- Marine Corps Force Reconnaissance (Force Recon or FORECON)

Stationed where _____

List all duties _____

Years of service _____ Military pay grade _____

Are you aware of any upcoming deployment plan or do you currently have orders in hand for deployment Yes No
 If yes, date of expected deployment _____ Location _____

Military Flying	
Name of military organization _____	
Is client a pilot <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify capacity in which the client flies _____	
Type of aircraft flown _____	How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown) _____
Date of last flight _____	Does the client fly for proficient only <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number of hours on proficiency flying per year _____