

Underwriting Worksheet

Insured Information

Name _____ Date of Birth _____

Height (feet/inches) _____ / _____ Weight _____ Sex (Male/Female) _____

Tobacco

Never Used Currently Uses Previously Used

Type of tobacco: (Cigarettes, Cigar, Pipe, Chewing Tobacco, Gum, Patch) _____

If currently using, how often? _____ Will lab results test positive for nicotine? (Y/N) _____

If previously used, how long ago did you quit? _____

Cholesterol

What is your total cholesterol? _____ What is your cholesterol/HDL ratio? _____

Have you ever taken cholesterol medication? No Currently Previously

Blood Pressure

What is your most recent blood pressure reading? _____ / _____

Have you ever taken blood pressure medication? No Currently Previously

Family History

Sibling diagnosed with or died from: Cancer Heart Disease Diabetes
Diagnosed at age: _____ Died at age: _____

Mother diagnosed with or died from: Cancer Heart Disease Diabetes
Diagnosed at age: _____ Died at age: _____

Father diagnosed with or died from: Cancer Heart Disease Diabetes
Diagnosed at age: _____ Died at age: _____

Do you take any prescription medication? If so, please list name and dosage

Do you have (or have history of) any major health problems? (additional questionnaires may be required)

Any moving violations in the past 5 years? If so, please list year and type
