



General Underwriting Pre-Screen for New Business Applications

Client Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Height: \_\_\_' \_\_\_" Weight: \_\_\_\_\_

Tobacco Use:  use currently  never used  Used in the past

Type of Tobacco used: \_\_\_\_\_ frequency: \_\_\_\_\_ Date quit: \_\_\_\_\_

List all medial concerns:

Diagnosis	Date diagnosed:	Treatment:

List any current medications:

Name of Medication:	Dosage:	Reason: