

GENERAL USE QUESTIONNAIRE

(IF THERE IS NOT A SPECIFIC IMPAIRMENT QUESTIONNAIRE, THEN PLEASE COMPLETE THIS FORM)

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor **Type of Coverage:** Term UL Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. List impairment: (Give as much detail as possible, include when the condition was diagnosed, how it was contracted, and current prognosis)

2. Has there been any treatment? No Yes; (Please provide start and end dates, name of treatment.)

3. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

4. Does client have any other major health issues? (additional questionnaires may be required) No Yes; please give details

FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ **Date:** _____
 Male Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

- Parent
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____
- Brother
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____
- Sister
Has had: Cancer Diabetes Stroke Heart disease Committed suicide Other (explain below)
Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information
