

# PREQUALIFICATION QUESTIONS



PLEASE ANSWER THE FOLLOWING QUESTIONS TO ENABLE US TO BE AS ACCURATE AS POSSIBLE WHEN EVALUATING YOUR LIFE INSURANCE OPPORTUNITIES.

## INFORMATION NEEDED

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have a personal history of any of the following conditions?

YES | NO

Cancer or tumors?

Asthma, emphysema, obstructive sleep apnea, or COPD?

Depression, Anxiety, or other mental nervous condition?

Cardiovascular disorder, including heart attack, coronary artery disease, arrhythmia, valvular disease, heart murmur, cerebrovascular disease, stroke, or TIA?

Diabetes, elevated blood sugar, or glucose intolerance?

Any other health impairment or medically treated condition? \_\_\_\_\_

Have you had any medical tests, such as a treadmill stress test, X-Ray, MRI, heart scan, sleep study, or echocardiogram?

Do you have any family history (parents or siblings) of death prior to age 60 from cardiovascular disease or cancer?

Have you used tobacco in any form within the past 10 years?  
If yes, please provide type and date of use.

Are you currently taking any medications?  
If yes, please provide name and dosage.

Have you had any driving infractions, including moving violations, DUI/DWI, reckless driving, or license suspensions in the last 5 years?

Have you been rated or declined for life insurance in the past?

Are you a pilot, other than for a commercial passenger airline?

Do you engage in automobile or motorcycle racing, parachuting, skin or scuba diving, hang gliding, bungee jumping or any other hazardous sport?

Do you plan to travel outside the United States within the next twelve months?

If YES was selected for any of the above, please provide details: \_\_\_\_\_