

Questions for Personalized Price Quotation

Date: _____

(Questions must be asked exactly as written here)

Spoke to: _____

1. Proposed Insured _____ Date of birth? _____

2. What is your EXACT Height and Weight? Height _____ Weight _____

3. Have you used ANY FORM of tobacco/nicotine in the last 5 years? Yes No Currently Using? Yes No

Quit/Date: _____ Type: Cigarettes Cigars Chew Nicotine Gum Quantity _____

4. Are you taking ANY prescription medications? If YES, need details of medications and why are you taking them.

5. Have you ever had HBP? What was your last Blood Pressure reading?

6. Have you ever been told you have high cholesterol? Do you know your cholesterol numbers? Total Cholesterol?
Cholesterol/HDL Ratio?

7. Did you have ANY Natural Parents or Brothers and Sisters that were diagnosed with or died from HEART PROBLEMS, STROKES, DIABETES OR CANCER, PRIOR TO AGE 60?

If Yes, _____

8. Have you EVER had ANY past health concerns such as HEART, STROKE, DIABETES, CANCER, RESPIRATORY, CIRCULATORY, ANXIETY/DEPRESSION, SLEEP APNEIA, or any other internal problems? If YES, see additional specific questions below relating to any of the above _____

9. Have you EVER had ANY DRUG OR ALCOHOL problems or received any treatment for either in the past?

10. Have you had 2 or more moving violations in the past 2 years or ANY DUI's, DWI's, or RECKLESS or CARELESS Driving convictions in the last 10 years?

11. Do you participate in ANY HAZARDOUS SPORTS OR HOBBIES such as PRIVATE PILOTING, SCUBA DIVING, MOUNTAIN CLIMBING OR ANYTHING CONSIDERED HAZARDOUS?

12. Are you a US Citizen? If Yes, OK. If NO, do they have a Green Card? _____

13. How much insurance are you seeking? \$\$ _____ Purpose: _____

Existing coverage: _____

14. Do you plan to do any foreign travel or have you traveled to any foreign countries recently? If so, where?

NOTES: _____
