

Field Underwriting Questionnaire - General Purpose

Applicant Info:	
Name:	Build (Ht/Wt):
DOB:	Tobacco Use History:
Covg Amt:	Plan (Term or Perm):

Health History:	
<input type="checkbox"/> Yes Any <u>family</u> history (parents or siblings) of heart disease or cancer, prior to age 60? <input type="checkbox"/> No	Details:
<input type="checkbox"/> Yes Any significant weight loss, of more than 10 lbs, in the past 12 months? <input type="checkbox"/> No	Details:
<input type="checkbox"/> Yes Any history of diabetes, hypoglycemia, or other blood sugar abnormalities? <input type="checkbox"/> No	Date/age of diagnosis: Rx: A1c reading:
<input type="checkbox"/> Yes Any history of hypertension, heart disease or any cardio/vascular disease? <input type="checkbox"/> No	Details: Avg bp reading:
<input type="checkbox"/> Yes Any history of elevated cholesterol, lipids or elevated liver function tests? <input type="checkbox"/> No	Details: Chol/HDL ratio:
<input type="checkbox"/> Yes Any history of depression, anxiety or other mental nervous disorder? <input type="checkbox"/> No	Details: # of Rx:
<input type="checkbox"/> Yes Any other Rx, significant health issues, recent surgeries, hospitalizations or ER visits? <input type="checkbox"/> No	Details:

Lifestyle Info:	
<input type="checkbox"/> Yes Do you participate in any hazardous sports, activities, or occupation that may be hazardous? <input type="checkbox"/> No	Details:
<input type="checkbox"/> Yes Have you had two or more moving violations in the past 2 yrs, or DUI/wreckless in past 5 yrs? <input type="checkbox"/> No	Dates and/or Details:
<input type="checkbox"/> Yes Do you have a regular exercise program, 30 minutes or more, at least 3 times/week? <input type="checkbox"/> No	Details:

Any questions or assistance needed, please contact our Agency Underwriter at mwoods@pinneyinsurance.com or 916-960-8708