

UNDERWRITING QUESTIONNAIRE



Agent Name: _____ Phone: _____
 Agent Email: _____ State of Issue/Delivery: _____
 Proposed Insured's Name: _____ ☐ M ☐ F Date of Birth: _____
 Height: ____ ft. ____ in. Weight: _____ lbs. Current Cigarette Smoker? ☐ No ☐ Yes
 Ever a cigarette smoker? ☐ No ☐ Yes Date last used: _____
 Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette) ☐ No ☐ Yes
 If yes, provide details: _____
 Last date any form of tobacco used? _____ Face Amt:\$ _____ ☐ Term ☐ Perm ☐ Surv.

ATTENTION DEFICIT DISORDER (ADD) / HYPERACTIVITY DISORDER (HD)

Date of Diagnosis: _____

Does the proposed insured have a history of any of the following psychiatric disorders (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Mood or anxiety disorder | <input type="checkbox"/> Personality disorder |
| <input type="checkbox"/> Suicidal thoughts/attempt | <input type="checkbox"/> Conduct disorder or oppositional defiant disorder |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Other _____ |

Has the proposed insured ever been hospitalized or on disability for psychiatric treatment? ☐ Yes ☐ No

If yes, provide details/dates: _____

If school age, is the proposed insured in regular class for age? ☐ Yes ☐ No

If no, provide details/dates: _____

Please provide information on medications currently taking, including preventative aspirin:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

Please indicate whether the proposed insured has any other major health problems (e.g. cancer) and provide additional details about the medical history:

Please use the fillable fields to complete the form, then save and email to our underwriting team at underwriting@dbb-lifemark.com.
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

