

## 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.

### ALCOHOL USE

Do you presently use alcohol? ☐ Yes ☐ No If no, date of last alcohol use: \_\_\_\_\_

**Note: One drink = 12g of pure alcohol = 12 oz. of beer = 5 oz. of wine = 1.5 oz. hard liquor**

Current Alcohol use (indicate quantity below)

	Beer	Wine	Liquor	Dates: (From – to)
Daily				
Weekly				
Monthly				

Did you ever drink substantially more than now? ☐ No ☐ Yes If yes, provide details below:

	Beer	Wine	Liquor	Dates (From – to)
Daily				
Weekly				
Monthly				

Have you ever been diagnosed with alcoholism? ☐ No ☐ Yes If yes, date of diagnosis: \_\_\_\_\_  
 Were there any relapses from sobriety/abstinence? ☐ No ☐ Yes If yes, please list dates: \_\_\_\_\_  
 Have you ever had an elevated liver blood test? ☐ No ☐ Yes most recent results: \_\_\_\_\_  
 Have you gone through alcohol treatment? ☐ No ☐ Yes ☐ Voluntary ☐ Court Ordered

If yes, please provide details:

Do you attend AA or similar? ☐ No ☐ Yes If yes, how often? \_\_\_\_\_  
 Have you ever been arrested for driving while intoxicated? ☐ No ☐ Yes If yes, please list dates: \_\_\_\_\_  
 Was your driver's license ever revoked/suspended? ☐ No ☐ Yes If yes, please list dates: \_\_\_\_\_  
 Have you ever experienced any adverse medical conditions as a result of your alcohol use? ☐ No ☐ Yes

If Yes, please provide details:

Have you ever been hospitalized as a result of alcohol use? ☐ No ☐ Yes

If yes, please provide details

Please provide additional details about the proposed insured's medical history and provide any information that would help us negotiate the lowest rates (change in lifestyle, marriage, children, etc.):

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

