

## 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 of last cigarette use: \_\_\_\_\_  
 Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette, vape) ☐ No ☐ Yes  
 If yes, provide details: \_\_\_\_\_ Date of last use (other form): \_\_\_\_\_  
 Face Amt: \_\_\_\_\_ Riders Desired: ☐ LTC/CI ☐ Other (provide details below) ☐ Term ☐ Perm ☐ Surv.

### BLOOD CLOTS / BLOOD CLOTTING DISORDER

Date(s) of blood clot(s): \_\_\_\_\_

Any evidence of recurrence? ☐ Yes ☐ No If yes, provide details/dates: \_\_\_\_\_

**Cause of blood clot:**

- ☐ Atrial Fibrillation ☐ Travel ☐ Sedentary lifestyle  
☐ PFO (Patent Foramen Ovale) ☐ ASD (Atrial Septal Defect) ☐ Post-Operative Complication  
☐ Oral Contraceptives: Currently Taking? ☐ Yes ☐ No ☐ Other \_\_\_\_\_

**Clotting Disorder:**

**Date of diagnosis:** \_\_\_\_\_

- ☐ Factor V Leiden Resistance ☐ Lupus Anticoagulant ☐ Antiphospholipid Antibody  
☐ Von Willebrand Disease ☐ Thrombocytopenia Current Platelet Count: \_\_\_\_\_  
☐ Hemophilia: ☐ Mild ☐ Moderate ☐ Severe ☐ Other: \_\_\_\_\_

☐ **Treatment (check all that apply):** ☐ **Currently no symptoms or treatment**

- ☐ Blood thinner (coumadin) Date(s): \_\_\_\_\_  
☐ Aspirin Date(s): \_\_\_\_\_  
☐ Hospitalization Date(s): \_\_\_\_\_

**Have any of the following occurred due to blood clots:**

- ☐ Heart Attack ☐ Stroke ☐ Deep vein thrombosis (DVT) ☐ Pulmonary embolism  
☐ Other: \_\_\_\_\_

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

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

Please provide additional details about the proposed insured's medical history:

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.

