

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: _____ Date of last use (other form): _____
 Face Amt: _____ Riders Desired: ☐ LTC/CI ☐ Other (provide details below) ☐ Term ☐ Perm ☐ Surv.

Diving

How many years has the proposed insured been diving? _____ ☐ Pleasure Diver ☐ Professional Diver
 If professional, please explain (e.g. instructor, Coast Guard, Diving for pay, etc.) _____

Does the proposed insured participate in: ☐ Cave Diving ☐ Wreck Diving ☐ Salvage Diving ☐ Free Diving
 If any selected, provide details: _____

Type of equipment used: _____

Has the proposed ever dived alone? ☐ No ☐ Yes

Date of last dive: _____ Certifications: _____

Is the proposed a member of any organized clubs? ☐ No ☐ Yes If yes, provide names: _____

Average dive depths: _____ Deepest Dive: _____ How often does the proposed dive this deep? _____

Dive location(s): _____ How often does the proposed dive per year? _____

Bodies of water: ☐ Lakes ☐ Rivers ☐ Pits/Quarries ☐ Oceans/Open Water

Number of Dives During the past 12 months	
< 50 feet: _____	Average time per dive: _____
50-100 feet: _____	Average time per dive: _____
101-150 feet: _____	Average time per dive: _____
>150 feet: _____	Average time per dive: _____

Number of Dives contemplated in next 12 months	
< 50 feet: _____	Average time per dive: _____
50-100 feet: _____	Average time per dive: _____
101-150 feet: _____	Average time per dive: _____
>150 feet: _____	Average time per dive: _____

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.
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

