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.

EVALUATION OF CORONARY ARTERY DISEASE

You have indicated that your client has a heart condition. This form is meant to determine what that condition is so we may evaluate the risk.

Have you had any of the following?

☐ **Heart attack(s)** Dates: _____
☐ **Bypass surgery(ies)** Dates: _____ # of vessels _____
☐ **Angioplasty(ies)** Dates: _____ # of vessels _____
☐ **Stent(s)** Dates: _____ # of vessels _____
☐ **Valve** Dates: _____
☐ Replacement ☐ Repair ☐ Aortic Valve ☐ Mitrial Valve
☐ **Atrial Fibrillation or other heart rhythm disturbance** Dates: _____

Please indicate testing that has been completed:

	Normal	Abnormal	
Stress *echo*cardiogram	☐	☐	
Stress ECG	☐	☐	
Thallium stress ECG	☐	☐	
Coronary angiogram/Catherization	☐	☐	
UFCT/EBCT Coronary Calcium Scoring	☐	☐	Provide calcium score: _____

If possible, please submit results of any testing if done (thallium, echo, or angiogram).

Please check if you have any of the following:

☐ History of chest pain ☐ Diabetes Date Diagnosed _____ Last A1C reading _____
☐ Elevated cholesterol ☐ Family history of heart disease
☐ Overweight ☐ High blood pressure

What type of medications are used to control the condition? Please provide name of medication and dosage:

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

Other options: Fax completed form to 952.697.5003, or submit your saved PDF to underwriting@dbs-lifemark.com. Questions? Call your Underwriting Team at x2312.