UNDERWRITING QUESTIONNAIRE – GENERAL HEALTH

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.

In the last 10 years, have you been treated for, or diagnosed with: *(If "yes," please provide details under each question.)*	**Yes**	**No**
High blood pressure, heart attack, chest pain, heart murmur, irregular heartbeat, stroke, or any other disease or disorder of the heart or blood vessels?	☐	☐
Details: _____		
Cancer or a tumor, cyst or growth? Type: _____ Stage and/or Grade _____	☐	☐
Asthma, bronchitis, emphysema, tuberculosis or any other disease or disorder of the lungs or respiratory system?	☐	☐
Details: _____		
Seizure, paralysis, headaches, multiple sclerosis or any other disease or disorder of the brain or nervous system?	☐	☐
Details: _____		
Chronic fatigue, stress, depression, anxiety or any emotional or psychological disorder?	☐	☐
Details: _____		
Hepatitis, colitis, ulcer, cirrhosis, irritable bowel or any other disease or disorder of the liver, gall bladder, pancreas, or digestive tract?	☐	☐
Details: _____		
Diabetes, borderline diabetes, sugar in the urine, thyroid disorder, or any other disease or disorder of the glandular system?	☐	☐
Details: _____		
Kidney stones, nephritis, any blood or protein in the urine, sexually transmitted disease, prostate disorder, breast disorder or any other disease or disorder of the urinary or reproductive system?	☐	☐
Details: _____		
Any disease or disorder of the bones, joints, or muscles?	☐	☐
Details: _____		
Have your parents or siblings died or had diabetes, cancer, stroke, or heart disease prior to age 60? (If yes, give age at death and cause of death. Give age when diagnosed and how treated, etc.)	☐	☐
Details: _____		
Are you **currently** or have you taken any medications within the **last two years**? *(If yes, add details below.)*	☐	☐
Details: _____		
Have you had any surgeries in the last 6 months or are there plans for surgery in the near future? *(If yes, add details below.)*	☐	☐
In the last 5 years… *(If "yes," please provide details in the space below.)*		
Have you engaged in any of the following activities: private pilot, scuba/skin diving, organized motor vehicle racing (i.e. snowmobile or motorboat), skydiving, hang gliding, mountain climbing, or rodeo?	☐	☐
Have you traveled outside the U.S. or Canada? Any future plans to travel abroad?	☐	☐
Have you been in an auto accident, convicted of a driving while intoxicated, or have more than two moving violations?	☐	☐
Have you been on parole or probation or convicted of a felony or misdemeanor?	☐	☐
Have you regularly used or are you currently using marijuana or other controlled substances?	☐	☐
Have you ever been medically advised to limit or discontinue the use of alcohol or drugs, or sought or received treatment?	☐	☐
Do you exercise regularly?	☐	☐

Details for above "yes" answers:

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