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.

HEART DISEASE – VALVE DISEASE

Family History

Any family history of cardiac disease? ☐ Yes ☐ No
If yes, relation:_____ Age of onset: _____ Current age or age at death: _____

Proposed Insured

Age/date first diagnosed: _____

Type of disorder: Why was the valve replaced/repaired? _____
☐ Congenital ☐ Valve Prolapse ☐ Insufficiency ☐ Stenosis
☐ Other (Describe): _____

Which valve(s) are involved:
☐ Pulmonic ☐ Aortic ☐ Mitral ☐ Tricuspid

Does the proposed insured have a Bicuspid aortic value? ☐ Yes ☐ No If yes, grade of murmur (if known):_____

Has the proposed insured had a valve repair? ☐ Yes ☐ No If yes, date of surgery:_____

Has the proposed insured had a valve replacement? ☐ Yes ☐ No If yes, date:_____
Please indicate type of valve used for replacement: ☐ Tissue ☐ Bioprosthetic ☐ Mechanical

Any history of additional surgery/re-operation? ☐ Yes ☐ No If yes, provide details:_____

Any post-op insufficiency present? ☐ Yes ☐ No If yes, to what degree (mild, moderate, severe):_____

Please indicate the tests that have been performed:

☐ EKG	Date(s): _____	Results: _____
☐ Stress Test	Date(s): _____	Results: _____
☐ Echocardiogram	Date(s): _____	Results: _____
☐ Holter monitor	Date(s): _____	Results: _____
☐ Other:_____	Date(s): _____	Results: _____

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