

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.

MARIJUANA

Date first used marijuana: _____ Date last used marijuana: _____
How often do you use marijuana? _____
How is it ingested? (smoked, drops, pills, etc.) _____ Quantity used per occasion: _____
Is the marijuana use medicinal? ☐ No ☐ Yes
If yes, advise prescription date: _____
If yes, what condition(s) is marijuana prescribed for? _____

Other history of using drugs (past or present). Provide full details including type(s) of drug used, date(s) used and date(s) of last use.

Does the proposed insured use alcohol? ☐ No ☐ Yes
Frequency: _____ per _____ How much per occasion: _____
Has the proposed insured received treatment for drug or alcohol abuse? ☐ No ☐ Yes
If yes, please provide details: _____
Has the proposed insured ever had a DUI/DWI? ☐ No ☐ Yes
If yes, please provide details and date(s): _____
Does the proposed insured have any motor vehicle violations on his or her records? ☐ No ☐ Yes
If yes, please provide details including type of violation(s) and date(s): _____
Is the proposed insured employed? ☐ No ☐ Yes
Proposed insured's occupation: _____

If proposed insured works in the marijuana industry, please provide company name, position, and duties in the space below:

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

Please use the fillable fields to complete the form, then save and email to our underwriting team at underwriting@db-lifemark.com.
You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

