

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.

MILITARY STATUS

If your duties include Aviation, please also complete the DBS Aviation Questionnaire.

Branch of service:

- ☐ Army ☐ Navy ☐ Marines
☐ Air Force ☐ Coast Guard

Present duty status:

- ☐ Active ☐ Active Reserve ☐ Inactive Reserve
☐ National Guard ☐ ROTC

Present Rank: _____

Present Unit, assignment, and location: _____

Military occupational Specialty: _____

Is the proposed insured involved in any hazardous activities (e.g. aviation, diving, parachuting bomb disposal, special service groups, etc.) ☐ Yes ☐ No

If yes, please describe below and complete the corresponding DBS Underwriting Questionnaire:

Is the proposed insured receiving any supplemental or hazardous duty pay based on their duties? ☐ Yes ☐ No

If yes, please describe below:

Is the proposed insured aware of or been told of any of the following?

- ☐ They or their unit will be transferred overseas If Yes, where? _____
☐ They will be transferred to a new unit
☐ They or their unit will be alerted for duty (if presently in Reserve or National Guard)

Please provide any additional details about the proposed insured that may be relevant.

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.

