

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.

MOTOR VEHICLE/DUI

Is the proposed insured employed? ☐ Yes ☐ No If yes, occupation: _____
 Any DUI/DWI violations? ☐ Yes ☐ No If yes, provide date(s): _____
 Penalty imposed? (e.g. jail, probation, mandated classes, license suspension, etc.) _____
 If jail, length of jail time and release date: _____
 Is the proposed insured currently on probation? ☐ Yes ☐ No If yes, when will probation end? _____
 Any history of alcohol abuse or an advisement by a physician or other person to cut back or abstain from drinking? ☐ Yes ☐ No
 If yes, provide full details (e.g. how often and how much, any inpatient or outpatient treatment with dates, attending AA, etc.) _____
 Does the proposed insured currently use alcohol? ☐ Yes ☐ No
 If yes, how much per sitting and how often? _____
 Any history of recreational drug use? ☐ Yes ☐ No
 If yes, what type(s) and date of last use: _____
 In the last 5 years has the proposed insured had any speeding tickets? ☐ Yes ☐ No
 If yes, provide date(s) and indicate how many MPH over the limit for each incident: _____
 If applicable, list any other motor vehicle violations with dates in the last 5 years: _____
 Is the proposed insured's driver's license currently valid? ☐ Yes ☐ No
 Has the proposed insured's driver's license ever been suspended? ☐ Yes ☐ No
 If yes, provide reason(s), date of suspension(s), and date of restoration: _____
 If currently suspended, when will it be restored? _____

Please provide any applicable information about the proposed insured that may help us understand the full 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.

