

## 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.

## OVARIAN CANCER

Date of diagnosis: \_\_\_\_\_ Type of ovarian cancer: \_\_\_\_\_

*\*If possible, please include a copy of the pathology report.*

Indicate the stage of the cancer: ☐ 1a ☐ 1b ☐ 1c ☐ 2a ☐ 2b ☐ 2c ☐ 3 ☐ 4

Indicate the grade of the cancer: ☐ 1 ☐ 2 ☐ 3

Please indicate how the cancer was treated and include date(s) of treatment:

Surgery ☐ Yes ☐ No Date(s): \_\_\_\_\_ Chemotherapy ☐ Yes ☐ No Date(s): \_\_\_\_\_

Radiation ☐ Yes ☐ No Date(s): \_\_\_\_\_

What is the most current reading for the CA-125 marker? \_\_\_\_\_ Date of this reading: \_\_\_\_\_

Has there been any evidence of recurrence? ☐ No ☐ Yes

If Yes, please provide details:

Does the proposed insured take any medications (prescription or otherwise) at this time? ☐ No ☐ Yes

If yes, please provide name of medication and dosage:

Has the proposed insured had any genetic testing? (BRCA1 or BRCA2) ☐ No ☐ Yes

If yes, please provide details:

Does the proposed insured have any other medical conditions? ☐ No ☐ Yes

If yes, please provide details:

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@dbs-lifemark.com](mailto:underwriting@dbs-lifemark.com).

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

