

## 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.

### PANCREATITIS

Date of diagnosis: \_\_\_\_\_ Cause: \_\_\_\_\_

Have any of the following symptoms occurred:

☐ Cyst, Pseudocyst ☐ Abscess ☐ Stone  
☐ Other (Describe): \_\_\_\_\_

Was the proposed incapacitated from work due to the pancreatic disorder? ☐ Yes ☐ No If yes, when and for how long: \_\_\_\_\_

Was the proposed hospitalized? ☐ Yes ☐ No If yes, provide date(s): \_\_\_\_\_

Was any surgery performed? ☐ Yes ☐ No If yes, provide details: \_\_\_\_\_

Describe the frequency of attacks: \_\_\_\_\_

Is there any alcohol consumption? ☐ Yes ☐ No If yes, provide details: \_\_\_\_\_

Please provide information on any medications currently taking:

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@dbb-lifemark.com](mailto:underwriting@dbb-lifemark.com).  
 You may also print and fax completed form to 952.697.5003. Questions? Call the Underwriting Team at x2312.

