

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.

RACING

What type of racing does the proposed insured participate in?

☐ **Automobile** (and type below)

- ☐ Stock Car
- ☐ Championship
- ☐ Drag
- ☐ Sports Car
- ☐ Sprint
- ☐ Go-Kart
- ☐ Other:

☐ **Motorcycle** (and type below)

- ☐ Hill climbing
- ☐ Enduro
- ☐ Drag
- ☐ Flat Track
- ☐ Motocross
- ☐ Other:

☐ **Motorboat**

☐ **Snowmobile**

Number of races: Last 12 months: _____ 1-2 years ago: _____ Lifetime: _____ Plan to next 12 months: _____

Date of last race: _____

Make and type of vehicle: _____ Formula and/or engine displacement: _____

Top Speed _____ Average speed: _____ Usual distance of race: _____

Do you compete for cash prizes? ☐ Yes ☐ No

Cities/towns where you race: _____

Describe track layout and surface: _____

Vehicle Class: _____

Organization(s) which sanctions your races: _____

Do you plan to do any other type of racing? ☐ Yes ☐ No

If yes, please give full details in the space provided below:

Please provide additional details about the proposed insured's other medical 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.

