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 of last cigarette use: _____
Any other tobacco use? (cigar, pipe, snuff/chew, patch, gum, e-cigarette, vape) ☐ No ☐ Yes
If yes, provide details: _____ Date of last use (other form): _____
Face Amt: _____ Riders Desired: ☐ LTC/CI ☐ Other(provide details below) ☐ Term ☐ Perm ☐ Surv.

SKIN CANCER – MELANOMA – DYSPLASTIC NEVUS

Date(s) of diagnosis: _____ Date(s) of last treatment (surgery, chemo, radiation, etc.): _____

Indicate the type of cancer(s). *(Check all that apply)*

☐ Melanoma (see below for staging)
☐ Squamous Cell Carcinoma Basal
☐ Cell Carcinoma
☐ Pre-Cancerous – Dysplastic Nevus
☐ Actinic Keratosis
☐ Seborrheic Keratosis

} Generally in underwriting, these types of lesions are not a concern.

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

For Melanoma, please provide date and staging:

Primary Tumor ("T") ☐ in situ ☐ T1 ☐ T1a ☐ T1b ☐ T1c ☐ T2 ☐ T3 ☐ T4

Lymph Node ("N") ☐ N0 ☐ N1 ☐ N2 ☐ N3 or more

Metastasis/spread ("M") ☐ M0 ☐ M1

How was the cancer treated? *(Check all that apply)*

☐ Surgery ☐ Mohs ☐ Excision ☐ Chemotherapy
☐ Radiation Therapy ☐ Other: _____

Has there been any evidence of **recurrence?** ☐ No ☐ Yes
If yes, please provide date(s), type(s),etc.

Does the proposed insured take any medications (prescription or otherwise) at this time? ☐ No ☐ Yes
If yes, please provide name of medication and dosage:

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