

## 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.

### CERVICAL/UTERINE CANCER

#### ☐ CERVICAL CANCER

Date of Diagnosis: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_  
 Type of Cancer: ☐ ASCUS ☐ HPV Positive  
 Please indicate the Stage of the cancer:  
☐ In Situ ☐ 1A ☐ 1B ☐ 2 ☐ 2A ☐ 2B ☐ 3 ☐ 4  
 How was the cancer treated? (Check all that apply)  
☐ LEEP Procedure ☐ Surgery: ☐ Hysterectomy ☐ Removal of ovaries  
☐ Radiation ☐ Chemotherapy ☐ Biological Therapy ☐ Hormone Therapy  
☐ Other: \_\_\_\_\_

**\*Please include a copy of the pathology report.**

#### ☐ UTERINE CANCER

Date of diagnosis: \_\_\_\_\_ Date of Last Treatment: \_\_\_\_\_  
 Type of Cancer: ☐ Carcinoma ☐ Leiomyosarcoma  
 Indicate the grade of the cancer:  
☐ 1 ☐ 2 ☐ 3  
 Indicate the stage of the cancer:  
☐ 0 ☐ 1 ☐ 1a ☐ 1b ☐ 1c ☐ 2 ☐ 3 ☐ 4  
 How was the cancer treated? (Check all that apply)  
☐ Surgery ☐ Hysterectomy ☐ Removal of ovaries  
☐ Radiation ☐ Chemotherapy

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:

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.

