

Agent Name: _____ Agent Phone: _____ Agent Email: _____

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE

Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. When and where was the stent put in? _____

2. What type of stent was put in? _____

3. Why was the stent put in? _____

4. How many vessels were involved? _____

5. Has the applicant had an imaged stress test done? ☐ No ☐ Yes; if yes, when and what were the results?

6. What type of follow-up testing has been done and what were the results? _____

7. Was there a heart attack prior to the stent being put in? ☐ No ☐ Yes;

8. Is there family history of heart disease? ☐ No ☐ Yes; please give details

9. Is client taking any medication, including inhalers? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

10. Are there any other health problems? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

The above information is for preliminary underwriting purposes only and will not be made part of any contract.