



Preferred Underwriting

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Client Height _____ Client Weight _____ Date of last routine physical _____

Plan _____

List health conditions below

Condition	Date Diagnosed	Medications	Treatment/Surgery

Family history (cancer, cardiovascular, diabetes diagnosis, or death in parents or siblings)

Relative	Diagnosis	Age of Diagnosis	Age at Death

Motor vehicle history (last 5 years)

List any other major health problems the client has