

# Preferred Underwriting

## Questionnaire



Knowledge. Experience. Results.

**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

**Questions? Call Jim or Teresa at 877.564.1707.**

**Please email the completed form to [jrmosel@moseleymcgill.com](mailto:jrmosel@moseleymcgill.com).**

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