

Pre-Underwriting Questionnaire



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Please answer ALL questions below as fully and accurately as possible. Our ability to provide the best and most accurate quotes is predicated upon how fully and accurately this is completed. Thank you!!

Date _____

Client Name _____ Date of Birth _____ Male Female

Phone Number _____ Email _____

Face Amount _____ UL WL Term Survivorship

Does the client currently smoke cigarettes Yes No If no, did he/she ever smoke? Never Quit (date) _____

Does the client currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum, etc.) Yes No

If yes, please provide details: _____

When did he/she last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

Height _____ Weight _____

Latest blood pressure reading _____ Date _____

Cholesterol/HDL results _____ Date _____

Health Conditions	Medications

Family history: Has any family member had death or disease prior to age 60 from cancer, diabetes, high blood pressure, heart disease, or kidney disease? If yes, identify family member, disorder, and age at onset.

Do you have a history of: (check all that apply)

- Alcohol / Drug Abuse
- Asthma / COPD
- Cancer
- Cardiac Disorders
- Crohns / Colitis
- Diabetes
- Hepatitis
- Hypertension
- Lab Abnormalities
- Multiple Sclerosis / Lupus
- Mental Disorders / Depression/ Anxiety
- Seizure Disorder / Epilepsy
- Sleep Apnea
- TIA / CVA / Stroke
- Impairments not listed

Are you a participant in any of the following activities: (check all that apply)

- Foreign Travel/Foreign Residence
- Pilot/Co-Pilot
- Higher Risk Avocations / Hobbies (scuba, mountain climbing, skydiving, etc.)