



# Life Underwriting Prescreen

ADVISOR NAME: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

STATE: \_\_\_\_\_

COVERAGE AMOUNT DESIRED: \_\_\_\_\_

YRS COVERAGE NEEDED: \_\_\_\_\_

1. What is your date of birth? \_\_\_\_\_
2. Have you used any nicotine products in the last 6 yrs? \_\_\_YES \_\_\_NO  
If **YES**, please provide type of product (cigarette, cigar, chew, pipe, vape, marijuana, etc.), frequency/ amount used, length of use, date last used: \_\_\_\_\_
3. What is your height \_\_\_\_\_ weight \_\_\_\_\_? Weight loss over last 12 months \_\_\_\_\_ (lbs)?
4. Provide current readings(& date) if known: \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Cholesterol \_\_\_\_\_ Chol/HDL Ratio
5. Are you taking any medications? If so, please provide name of medication, dosage, frequency and reason prescribed:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever had, or do you now have, any of the following (**additional information may be requested**):  
\_\_\_Cancer \_\_\_HIV \_\_\_Hepatitis \_\_\_Heart Problems \_\_\_Stroke \_\_\_Mental Health Problems  
\_\_\_Alcoholism \_\_\_DUI \_\_\_Diabetes \_\_\_Any other serious disease (specify): \_\_\_\_\_  
**Please provide details (date of diagnosis, stage/grade if cancer, treatment, last date of treatment, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you have a primary care physician? \_\_\_YES \_\_\_NO Date of last visit \_\_\_\_\_? Date of last physical \_\_\_\_\_?
8. Has any of your immediate family (siblings, mother, father) passed away prior to age 60? \_\_\_YES \_\_\_NO  
If **YES**, was it due to cancer, heart disease, or stroke? \_\_\_YES \_\_\_NO. Please provide details & age of death & diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_
9. Has any of your immediate family had cancer, heart problems, stroke or diabetes prior to age 60? \_\_\_YES \_\_\_NO  
If **YES**, please provide details- relationship, age of diagnosis, age of death/current age if living: \_\_\_\_\_  
\_\_\_\_\_
10. Have you ever been rated or declined for insurance? If so, provide details (date, reason, rate class, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you participate in any special activities (aviation, scuba, rock climbing, motorcycle racing, etc.), recently traveled to a foreign country, or have current plans to do so? \_\_\_YES \_\_\_NO **If YES, additional information will be requested.**
12. How many moving violations do you have in the past five years? \_\_\_\_\_ Please provide dates/details:  
\_\_\_\_\_  
\_\_\_\_\_

**\* Provide any additional information on a second page**  
**Please fax or email to 260.207.9184 or [rob@intinsconsulting.com](mailto:rob@intinsconsulting.com)**