

## Life Insurance Rate Class Questionnaire

Name \_\_\_\_\_

Sex: M\_\_F\_\_

Date of Birth \_\_\_\_\_

Face Amount \_\_\_\_\_

Build (Height/Weight) \_\_\_\_\_

Plan \_\_\_\_\_

1. **Family History:** Is there any history of the following diseases: Cardiovascular, Cancer, Diabetes, Stroke in parents or siblings prior to age 60? If yes, please give relationship and age at death and diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

2. **Cholesterol:**

Total Cholesterol \_\_\_\_\_

HDL \_\_\_\_\_

LDL \_\_\_\_\_

3. **Blood Pressure:** Do you know your Blood Pressure? \_\_\_\_/\_\_\_\_

If you are on Blood Pressure medication, please give date of onset, type, and amount.

\_\_\_\_\_

4. **Tobacco:** Do you or have you ever used any type of nicotine product (cigarettes, pipe, cigar, nicorette gum, chewing tobacco, nicorette patch? If so, which type and how frequent, and if you have stopped, when:

\_\_\_\_\_

5. **Driving History:** Do you have any moving violations, DUI or reckless driving violations in the past 5 years? If so, please list: \_\_\_\_\_

\_\_\_\_\_

6. **Cannabis Products:** Do you use any cannabis products recreationally or for medical reasons? If so, please include details such as purpose, type, frequency, and amount:

\_\_\_\_\_

\_\_\_\_\_

7. **Alcohol/Substance Abuse:** Do you have any history for treatment of either? If yes, please give details including: Type, amounts used, rehab, and dates. \_\_\_\_\_

\_\_\_\_\_

8. **Foreign Travel/Residence:** Do you plan to travel outside the US for business or pleasure within the next 24 months? If yes, please list details including dates, length of stay, countries, and cities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Are you taking any other medications?** If yes, what, and why, and how long? \_\_\_\_\_

\_\_\_\_\_

10. **Personal History:** Is there any history of the following diseases: Cardiovascular, Cancer, Diabetes, or Stroke? If yes, please give age at onset: \_\_\_\_\_

\_\_\_\_\_