

# Risk Assessment Questionnaire

Agent \_\_\_\_\_ Phone \_\_\_\_\_ Client \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M / F

Tobacco user: Y/N Type \_\_\_\_\_ Quantity \_\_\_\_\_

Former Tobacco user: Y/N Type \_\_\_\_\_ Quantity \_\_\_\_\_

Date of last use: \_\_\_\_\_

Have you previously been declined or rated up for life insurance? Y/N

Reasons: \_\_\_\_\_

Are you receiving Worker's Compensation/Disability? Y/N

Details of the Disability \_\_\_\_\_

Are you currently employed? Y/N Approximate annual income \_\_\_\_\_

Are you a private or student pilot? Y/N (If yes, complete aviation form)

Do you participate in any dangerous activities (sports/hobbies) Y/N

Details: \_\_\_\_\_ How often: \_\_\_\_\_

(Complete appropriate form)

Do you currently have plans to travel outside the U.S. in the next 2

years? Y/N

Details: (Where...how long...how often....purpose) \_\_\_\_\_

U.S. Citizen? Y/N Green Card? Y/N Employed in U.S.? Y/N

Details: \_\_\_\_\_

Have you had any moving violations or DUI/DWIs in the last 5 years?

Details: (How many....approximate dates...) \_\_\_\_\_

Any prior convictions? Y/N Details: \_\_\_\_\_

Do you have, or have you had, any health concerns other than minor  
colds, viruses, flu etc.? Y/N (Details on separate page)

Have you had any past surgeries, or are any planned? Y/N

Details: \_\_\_\_\_

Current medications: \_\_\_\_\_

Have either of your parents, or any of your siblings had Cardiovascular  
disease, Cancer or Diabetes? If yes.....age of diagnosis....if deceased, age  
of death....and cause. \_\_\_\_\_

Do you know your approximate blood pressure readings? \_\_\_\_\_ Med?

Do you know your approximate cholesterol numbers? \_\_\_\_\_ Med?

QUOTE REQUEST INFO: Please check plan type, face amount & mode

Term: 10\_\_ 15\_\_ 20\_\_ 25\_\_ 30\_\_ Lifetime Guaranteed UL\_\_ Whole Life\_\_

Face Amount \_\_\_\_\_ Mode: Ann\_\_ SA\_\_ Quart\_\_ Monthly draft\_\_

RETURN QUOTES BY: E-MAIL\_\_ FAX\_\_ MAIL\_\_

SPECIAL REQUESTS: \_\_\_\_\_