



# Preliminary Inquiry

Not an application for life insurance. This inquiry is used to help gather information that may impact underwriting.

Date: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_

Advisor Email: \_\_\_\_\_ Client Gender:  Male  Female

Prospect Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Any weight change in last year? If yes, amount: \_\_\_\_\_

Reason for weight change? \_\_\_\_\_

Does the prospect use tobacco in any form (cigarette, cigars, chewing tobacco, etc.)?  Yes  No

If yes, please specify the form of tobacco and the quantity used: \_\_\_\_\_

If prospect is no longer using tobacco in any form, when did the prospect quit: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Total cholesterol: \_\_\_\_\_ Ratio: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL: \_\_\_\_\_

Family History (parents & siblings): Indicate diagnosis of heart disease or cancer, age at diagnosis, current age or age at death. If deceased, indicate cause: \_\_\_\_\_

Has the prospect been treated for any of the following? (additional inquiry forms may be needed)

- Alcohol/Drugs       Diabetes       Sleep Apnea       Liver Disease
- Cancer       Hypertension       Arthritis       Other
- Cardiac       Depression       Hepatitis       Other

Provide details regarding the above checked or any other pertinent conditions that may impact underwriting.

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

Face amount: \_\_\_\_\_ Plan desired: \_\_\_\_\_ Amount in-force: \_\_\_\_\_

Has the prospect recently been declined or rated?  Yes  No - Details: \_\_\_\_\_