

**Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_ (M or F): \_\_\_\_\_ Age: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Max Premium \$: \_\_\_\_\_ / year Type: (UL, WL, Term, or Survivorship) \_\_\_\_\_

Do you currently smoke cigarettes? (Y or N): \_\_\_\_\_ If no, did you ever smoke: (Y or N): \_\_\_\_\_ Quit date: \_\_\_\_\_

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: \_\_\_\_\_

When did you last use any form of tobacco: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Type used last: \_\_\_\_\_

Please list date of first diagnosis: \_\_\_\_\_ How often does your client visit their physician (Also note date of last visit.): \_\_\_\_\_

Please tell us your client's height and weight. H \_\_\_\_\_ W \_\_\_\_\_

The client's diabetes is controlled by: Y or leave blank...

Diet alone \_\_\_\_\_ Insulin \_\_\_\_\_ Oral medication \_\_\_\_\_ Other: \_\_\_\_\_

Is your client on any medications? If Yes, please give details: \_\_\_\_\_

Please give the most recent blood sugar and hemoglobin A1c readings: \_\_\_\_\_

Please check if your client has had any of the following: Y or leave blank...

Chest pain or coronary disease \_\_\_\_\_ Abnormal lipids \_\_\_\_\_ Kidney disease \_\_\_\_\_ Black out spells \_\_\_\_\_

Hypertension \_\_\_\_\_ Protein in urine \_\_\_\_\_ Neuropathy \_\_\_\_\_ Retinopathy \_\_\_\_\_ Abnormal ECG \_\_\_\_\_

Has your client smoked cigarettes in the last 12 months?: Y or leave blank... \_\_\_\_\_

Does your client have any other major health problems (e.g., cancer, etc.)? Y or leave blank... \_\_\_\_\_