BELMAN KLEIN Associates, Ltd.
7226 Lee Deforest Drive, Suite 205
Columbia, Maryland 21046
Tel. 410-730-8242 1-800-729-6007
www.belmanklein.com

Impaired Risk / Pre-Underwriting Questionnaire (page 1 of 2)

Personal History (this section must be completed)

Name:	☐ Male	☐ Female	Soc. Sec. #:
Address:	City:	State:	Zip:
DOB:	Height:	Weight:	Monthly Earned Income: $
Occupation:			

Tobacco/Nicotine Usage

1. Have you ever smoked cigarettes? ☐ Yes ☐ No	If yes, date of last usage:
2. Have you used other tobacco or nicotine products? ☐ Yes ☐ No	If yes, date of last usage:

If yes, please provide details and type of product (examples: cigars, pipe, snuff, nicotine gum or patch…):

Agent Information (this section must be completed)

Name:	Phone Number:		
Address:	City:	State:	Zip:
Email:	Fax Number:		

Requested Plan of Insurance (this section must be completed)

☐ Universal Life ☐ Variable Universal Life ☐ Variable Universal Life ☐ Survivorship Life ☐ Variable Survivorship Life

☐ Term, Level Period_____ ☐ ROP Term, Level Period_____ ☐ Disability Income, monthly benefit $_____ ☐ LTC

Face Amount: $	Desired Premium: $	1035x / Dump In Amounts: $

Purpose of the Insurance:

Please provide details of all pending and in-force coverage:

Company	Policy / App Date	Face Amount	Class/Rating Issued	Premium	To be replaced?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Medical History (this section must be completed)

	Date	Illness
1. Who is your primary care physician? When did you last consult him/her? Doctor's Name, address and phone number:		
2. What other physicians have you consulted during the past 5 years?		
3. In what hospitals, clinics or other health facilities have you ever been treated?		
4. Please list all current medications:		

Hazardous Activities ☐ Check here if this section is not applicable

Are you a private pilot? ☐ Yes ☐ No	Do you have an IFR (instrument flight rating)? ☐ Yes ☐ No

Type of flying: ☐ Personal ☐ Commercial

Total hours flown as Pilot in Command:

How many hours do you fly per year?

Do you participate in any of the following activities: (if yes, circle activity(ies) and submit appropriate questionnaire)

Scuba Diving	Bungee Jumping	Ultralight Flying	Sky Diving
Mountain Climbing	Hang Gliding	Auto / Motorcycle Racing	Other

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Impaired Risk / Pre-Underwriting Questionnaire (page 2 of 2)

Proposed Insured: **Agent Name:**

Family History ☐ Check here if this section is not applicable

Have any immediate family members (parents, siblings) been diagnosed or died from heart disease or cancer? ☐ Yes ☐ No

Relationship to Insured	Diagnosis	Age of Onset	Age at Death (if deceased)

Drug / Alcohol Usage ☐ Check here if this section is not applicable

Do you current drink alcohol? ☐ Yes ☐ No (Note amounts below) | If yes, date of last consumption:

Did you ever drink substantially more than present? ☐ Yes ☐ No (note amounts below) | If yes, when?

Type:	Amount Per Week
Beer	
Wine	
Liquor	

Have you ever consulted a doctor or received treatment because of your alcohol use? ☐ Yes ☐ No

Have you ever been arrested for driving under the influence of alcohol? ☐ Yes ☐ No

If yes, please provide date(s):

Have you ever consulted a doctor or received treatment because of drug use or has drug use ever been a problem? ☐ Yes ☐ No

If yes, provide details:

Types of drug(s) used:

Date of last use:

Coronary ☐ Check here if this section is not applicable

Date of diagnosis or first chest pain:

Number of diseased vessels:

Dates/details of treatment/surgery (examples: Angioplasty, Bypass):

Date of last stress EKG:

Results? | By Whom?

Any pain since treatment/surgery?

Cancer ☐ Check here if this section is not applicable

Exact name and location of cancer:

Stage and grade: | Who would have the pathology report?

Dates/details of treatment/surgery:

Diabetes ☐ Check here if this section is not applicable

Date of diagnosis

Treatment: ☐ Diet Only ☐ Oral Medication ☐ Insulin | Details:

Do you regularly test your blood glucose? ☐ Yes ☐ No | Results: | Frequency:

Result of glycohemoglobin (A1C) test : mg% | Date:

Results? | By Whom?

Have you been diagnosed with having protein and/or microalbumin in your urine? ☐ Yes ☐ No

Have you ever had: (if yes, provide details)

Eye trouble? ☐ Yes ☐ No | Kidney trouble? ☐ Yes ☐ No

Heart trouble? ☐ Yes ☐ No | Neuritis/neuralgia? ☐ Yes ☐ No

High blood pressure? ☐ Yes ☐ No | Insulin reactions? ☐ Yes ☐ No