Orange Insurance LLC
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Life Insurance Underwriting Questionnaire

The following questions are designed to help establish potential underwriting classifications, identify the best potential insurance company and avoid quoting rates that an insurance prospect will not qualify for. Life insurance rates are as competitive as they have ever been. However, insurers and their re-insurers have agreements and strict guidelines when determining an underwriting classification. In most cases there can be NO exceptions to offers if it is due to one of the published carrier guidelines.

How we can help

Every insurance company has slight variations to underwriting guidelines. In some instances one minor issue can result in Standard rates at one company and Preferred-Best at another. By gathering detailed and accurate information, we can deliver the best potential carrier based on our client's objectives, premium and underwriting for any term or permanent product. We know the carriers and know where to go for everyday cases and the really tough ones.

Client Information (All questions except "*Beneficiary Name*" refer to the Client)
Name:
Beneficiary Name:
Date of Birth (recommended) or Age:
Male/Female:
Occupation (only concerned with hazardous activities):
Address:
Citizenship Status (if non US, include country/type of VISA):

Build
Current Height:
Weight:
Major Weight Changes in the last 12months?:

Tobacco Usage
Do you currently use or in the last 5 yrs used any Tobacco or Nicotine based product? If yes, provide details (type/date last used/average amount per day/month/year) *ex. 1 cigar per month on avg.*
Yes ☐ No ☐ _____

Personal Medical History*
Do you have any medical history of the following? (Y/N)

Coronary Artery Disease/Heart Related Diseases	Yes ☐	No ☐
Diabetes	Yes ☐	No ☐
Cancer	Yes ☐	No ☐
Cerebral Vascular Disease or Stroke	Yes ☐	No ☐
Hepatitis	Yes ☐	No ☐
Alcohol/Drug Abuse Treatment in last 10yrs	Yes ☐	No ☐
Depression/Anxiety Treatment	Yes ☐	No ☐
Abnormal Labs (ex. Liver or Renal Functions)	Yes ☐	No ☐
Gastrointestinal (ex. Crohn's, Ulcerative Colitis)	Yes ☐	No ☐

If yes to any, it is recommended that you contact us for an additional questionnaire.

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Are you currently taking and Prescription Medications? If yes, provide name and reason. The most common is for Hypertension or Cholesterol. If known, provide Cholesterol number or Average Blood Pressure.
Yes No _____

Family History
(refers to immediate, natural family members: Mother, Father and Siblings – not grandparents)
Is there any incidence of or death prior to age 60 due to Heart Related Disease, Cancer or Stroke in your family? (Details to include type/onset and age at death if applicable)
Yes No _____

Driving Record
In the last 5 yrs have you had a DUI or Reckless Driving? If yes, what was the approximate date?
Yes No _____
In the last 3 years have you had 2 or more moving violation or accidents? If yes, provide details:
Yes No _____

Foreign Travel
Do you intend to travel or have you traveled outside the US (Primarily asking about last 12-24 months or next 12 months)? Actual planned trips only. If yes, provide dates, city, country, length of stay and purpose.
Yes No _____

Avocations/, Hazardous Activities or Aviation
(ex. Private Pilots, Active Military/Reserves, Scuba, Auto or Motorcycle Racing, Mountain Climbing, Sky Sports) If yes, provide details.
Yes No _____

Please list any other health conditions not referenced above.
_____
_____

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Type of Quote Request

Face Amount(s): $

Term Insurance: Yes ☐ No ☐

- **Level Period:** 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐
- A life insurance policy which provides coverage at a fixed rate of payments for a limited period of time, the relevant term. After that period expires, coverage at the previous rate of premiums is no longer guaranteed and the client must either forgo coverage or potentially obtain further coverage with different payments or conditions. If the insured dies during the term, the death benefit will be paid to the beneficiary. Term insurance is the least expensive way to purchase a substantial death benefit on a coverage amount per premium dollar basis over a specific period of time.

Key Man Insurance: Yes ☐ No ☐

- **Level Period:** 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐
- A life insurance policy taken out by a business to compensate that business for financial losses that would arise from the death or extended incapacity of the member of the business specified on the policy. The policy's term does not extend beyond the period of the key person's usefulness to the business.

Whole Life Insurance: Yes ☐ No ☐

- A life insurance policy that remains in force for the insured's *whole life* and requires (in most cases) premiums to be paid every year into the policy.

Plan Design/Additional Comments:

_____
_____
_____
_____