Pre-Underwriting Questionnaire

Please complete all of the fields below. All of this information is required to submit your application to the carrier.

Name_____

DOB_____

Country/State of Birth _____

SSN_____

Client address_____

E-mail address_____

Driver's license number and state_____

Phone number_____

Do you have existing insurance coverage? If so, please provide details and advise if this coverage is intended to replace your existing coverage. _____

Type of coverage you are applying for (business, or personal)._____

Will you be the owner of this policy? If not, please provide details (i.e. employer will own, trust will own)

_____

How much coverage are you applying for? (max of $1 MM)_____

Term length you are interested in applying for? (i.e. 10, 20, or 30 year)_____

Please answer the questions below:

Are you between the ages of 18 and 60? ☐ Y ☐ N

Does your build meet the recommended weight limits of chart A or B? ☐ Y ☐ N
Refer to build chart on next page.

If you've ever applied for insurance with Principal, Lincoln, Minnesota Life, SBLI or John Hancock; what was the coverage approved as? (circle one)

Preferred Best Preferred Standard Rated Table

Smoker or Non-Smoker

Are you a U.S. citizen or permanent resident with no travel to hazardous locations? ☐ Y ☐ N
Applicant must reside in the U.S.

Is your stated blood pressure less than 135/85? ☐ Y ☐ N

Do you currently or have you previously used tobacco in any form (cigars, cigarettes, E-cigarettes)? ☐ Y ☐ N

If yes, provide details and last use_____

Is your total cholesterol less than 240, and your cholesterol/HDL ratio less than 4.5? ☐ Y ☐ N

If you are 50 or older, do you have a primary care physician and evidence of routine physicals within the past 24 months? ☐ Y ☐ N

Do you have any family history of parent or sibling death from cardiovascular disease, cancer (breast, colon, ovarian or prostate), stroke or diabetes prior to age 60? ☐ Y ☐ N

Have you had exam requirements or labs completed in the prior 12 months for life or disability coverage?
If so, we may request the results of those requirements and use them in our underwriting. ☐ Y ☐ N

Non-Medical Impairments - Please check any that apply.

I have filed for bankruptcy in the last five years ☐ Y ☐ N

I have received a DUI or reckless driving citation within the past 5 years. ☐ Y ☐ N

If yes, please provide details.

_____

I have received a felony conviction within the last five years, or I am currently on probation or parole. ☐ Y ☐ N

I have had a life, health or disability policy declined or rated in the past. ☐ Y ☐ N

I am a pilot or student pilot. ☐ Y ☐ N

I participate in hazardous sports (scuba diving, mountain climbing, rock climbing, racing). ☐ Y ☐ N

If yes, provide details._____

I have had prior informal requests for life insurance coverage within the last 24 months. ☐ Y ☐ N

If yes, please provide details.

_____

Medical Conditions

Please check all that apply:

- ☐ AIDS/HIV
- ☐ Alcohol abuse and/or treatment
- ☐ Asthma (that requires steroid use, multiple meds, or history of hospitalization)
- ☐ Atrial Fibrillation
- ☐ Barrett's Esophagus
- ☐ Bipolar Disorder
- ☐ Blood clots or bleeding disorders
- ☐ Cancer (exceptions: Basal Cell and Squamous Cell Carcinomas)
- ☐ Cardiomyopathy
- ☐ Chronic Obstructive Pulmonary Disease (COPD/Emphysema)
- ☐ Cirrhosis
- ☐ Crohn's Disease
- ☐ Dementia/Alzheimer's disease
- ☐ Depression (moderate to severe)
- ☐ Diabetes/Gestational Diabetes
- ☐ Drug abuse and/or treatment
- ☐ Elevated Cholesterol without treatment
- ☐ Emphysema
- ☐ Epilepsy/Seizure
- ☐ Gastric Bypass/Lap Band
- ☐ Heart Disease/Surgery – all forms
- ☐ Hepatitis
- ☐ Huntington's Disease
- ☐ Hypertension (diagnosed within six months) Typically 140/85+
- ☐ Kidney Disease
- ☐ Melanoma
- ☐ Multiple Sclerosis (MS)
- ☐ Muscular Dystrophy
- ☐ Parkinson's Disease
- ☐ Peripheral Artery Disease (PAD/Peripheral Vascular Disease (PVD))
- ☐ Prescription narcotic use
- ☐ Rheumatoid Arthritis (RA)
- ☐ SLE/Lupus
- ☐ Sleep Apnea
- ☐ Stroke/Transient Ischemic Attack (TIA)
- ☐ Ulcerative Colitis (UC)

Height and weight guidelines

Please circle/click the corresponding height and weight from either of the charts below.

Our height and weight guidelines apply to both men and women. We use these guidelines with your client's event and medical history to help determine policy approval.

	Height	Weight		Height	Weight
○	4'8"	82–138	○	5'9"	125–209
○	4'9"	85–143	○	5'10"	129–216
○	4'10"	88–148	○	5'11"	133–222
○	4'11"	91–153	○	6'0"	136–228
○	5'0"	94–158	○	6'1"	140–235
○	5'1"	98–164	○	6'2"	144–241
○	5'2"	101–169	○	6'3"	148–248
⊙	5'3"	104–175	○	6'4"	152–254
○	5'4"	108–180	○	6'5"	155–261
○	5'5"	111–186	○	6'6"	159–267
○	5'6"	114–192	○	6'7"	163–274
○	5'7"	118–198	○	6'8"	168–281
○	5'8"	122–203	○	6'9"	172–288

	Height	Weight	
		Ages 18-44	Ages 45-60
○	4'8	79 – 129	79 – 132
○	4'9	81 – 134	81 – 136
○	4'10	84 – 139	84 – 141
○	4'11	87 – 144	87 – 146
○	5'0	90 – 149	90 – 151
○	5'1	93 – 154	93 – 156
○	5'2	96 – 159	96 – 161
○	5'3	99 – 164	99 – 167
○	5'4	102 – 169	102 – 172
○	5'5	106 – 174	106 – 177
○	5'6	109 – 180	109 – 183
○	5'7	112 – 185	112 – 188
○	5'8	116 – 191	116 – 194
○	5'9	119 – 197	119 – 200
○	5'10	122 – 202	122 – 206
○	5'11	126 – 208	126 – 212
○	6'0	130 – 214	130 – 218
○	6'1	133 – 220	133 – 224
○	6'2	137 – 226	137 – 230
○	6'3	141 – 232	141 – 236
○	6'4	144 – 239	144 – 243
○	6'5	148 – 245	148 – 249
○	6'6	152 – 251	152 – 256
○	6'7	156 – 258	156 – 262
○	6'8	160 – 264	160 – 269
○	6'9	164 – 271	164 – 276

Note: Traditional underwriting is required for builds that are off the chart.

Universal INSURANCE SERVICES
A Vanbridge Company

Preparing for your Accelerated Underwriting Call.

The Telephone Interview

If approved for this program, a telephone interview will be conducted by a courteous insurance professional and whenever possible, on the day and time you requested. Your responses will be used to complete your life insurance application. The typical interview lasts 20-30 minutes.

To help keep your interview as short as possible, having the following information will be helpful:

- ✓ Your driver's license and, if applicable, other form of government-issued identification (example: permanent resident cards, visa, etc.)
- ✓ Names, addresses, and phone numbers of doctors and clinics you visited in the past five years
- ✓ The names and dosages of any prescription or over-the-counter medications you take
- ✓ A list of medical conditions or diagnoses, including date of diagnosis, treatment, result of treatment, and treating physician information

Rest assured all personal information you provide will remain strictly confidential.