

Life Scan Questionnaire for *TOBACCO USE*
LIFE INSURANCE RISK EVALUATION AND MARKET SEARCH

For _____ [] Male [] Female

Date of Birth _____ Age _____ State _____

Height _____ Weight _____ [] Non Smoker [] Smoker

Have you ever used tobacco? [] Yes [] No If yes, state month and year of last use of any tobacco product: _____

Type of tobacco used: [] Cigarettes [] Cigars [] Chews [] Pipe
 Amt\$ _____ Type: [] Whole Life or Universal [] Term

Last application for life insurance: Year _____ Company _____

Result: [] Preferred [] Standard [] Rated/Rating _____ [] Decline

1. In the past 12 months, the client has used tobacco products as follows:

[] Cigarettes # _____ Per Day # _____ Per Week # _____ Per Month

[] Cigars # _____ Per Day # _____ Per Week # _____ Per Month

[] Pipe # _____ Per Day # _____ Per Week # _____ Per Month

[] Chewing # _____ Per Day # _____ Per Week # _____ Per Month

[] Smokeless # _____ Per Day # _____ Per Week # _____ Per Month

In the past 24 months, has the client's use of tobacco products changed?

[] Yes [] No If Yes, please detail:

2. Has the client used the above noted tobacco products regularly at anytime during his/her life?

[] Yes [] No If Yes, please detail the client's regular usage per day, week or month and the number of years you used each tobacco product on a regular basis: _____

Is the client currently using a nicotine patch or any other nicotine products to help you stop smoking? [] Yes [] No

If Yes, please explain _____

Life Factors

Date of last stress EKG

Month ____ Year ____ [] Never

Family History, has either parent or any sibling died before age 65?

[] Yes [] No If yes, please list cause and age.

Blood Pressure, with or without medication _____ / _____

List medication, if any

Result of last **Cholesterol** test, if known _____

List all **Other Illnesses** not listed on this page.

List all medications currently being used except those previously listed.

(name, dosage and times per day)

Agent Information

Name _____

Address _____ Suite _____

City _____

ST ____ Zip ____ email _____

Telephone _____

LIFE INSURANCE SOLUTIONS
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This is not an application for life insurance. The information contained herein will be used solely for the purpose of assessing which insurance carriers are likely to respond most favorably to the risk situation as stated above. The questions and answers listed will be used in the evaluation of the person listed above. All quotes are tentative, and are subject to the submitted medical evidence and other criteria used in the underwriting of life insurance.

