

Life Scan Questionnaire for **BUILD**

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 _____ [] Declined

[] **Life Insurance Risk Evaluation and Market Search for Best Offer**

[] **Risk Evaluation Only**

1. Have you gained or lost weight in the last year?

[] Stayed the same as previous years

[] Gained, how many pounds _____

[] Lost, how many pounds _____

2. Have you ever had surgery for weight loss? [] Yes [] No

If yes, please list details _____

3. Have you ever had or now have any of the following illnesses?

A. [] Diabetes

B. [] Sleep Apnea

C. [] Alcohol or Drug Abuse History

D. [] High Blood Pressure

E. [] Heart Condition/Bypass/Angioplasty

Condition _____ Year of Onset _____ Medication _____

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Condition _____ Year of Onset _____ Medication _____

Condition _____ Year of Onset _____ Medication _____

4. Last doctors visit? Month _____ Year _____

Reason for visit? _____

5. Have you ever had an exercise or treadmill EKG? [] Yes [] No

If yes, please list Month _____ Year _____

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 _____

Phone _____

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.

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