

Life Scan Questionnaire for *Driving Violations*

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

- Does the client currently hold a valid driver's license?
[] Yes [] No If Yes, Please Detail:
License # _____ State _____ Expiration Date _____
Last 4 Digits of Social Security or Tax ID # _____
(Needed to Obtain Records)
- List all moving motor vehicle and speeding violations over the past five years:
Month _____ Year _____
Month _____ Year _____
Month _____ Year _____
Month _____ Year _____
Month _____ Year _____
- Detail last moving violations other than speeding, if any:
Type _____ Month _____ Year _____
Type _____ Month _____ Year _____
[] None
- Detail accidents involving major property damage, if any:
Detail: _____
_____ Month _____ Year _____
Detail: _____
_____ Month _____ Year _____
[] None
- Within the last six years, list the occasion and date of driving under the influence (DUI) arrests and convictions:
Month _____ Year _____
Month _____ Year _____
Month _____ Year _____
Month _____ Year _____
[] None
- Has the client ever been treated for substance abuse?
[] Yes [] No If Yes, Please detail:
Month _____ Year _____ Place _____

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
.biz

Toll Free 877-224-0477 FAX 877-224-0477
info@lifeinsurancesolutions.biz

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. Copyright 1997 George Varanakos