

# Client details



## Lead type: Quote Request

### Answers to medical and personal history questions

1. Does the Proposed Insured currently receive health care at home, or require assistance with activities of daily living such as bathing, dressing, feeding, taking medications or use of toilet?

No

2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing Facility?

No

3. Is the Proposed Insured currently in a Prison or Correctional facility due to a misdemeanor or felony conviction?

No

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