

**I. PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender:    Male    Female    Date Of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Legal Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Are you currently employed? If yes please answer following questions..... Yes    No

Occupation(s): \_\_\_\_\_

Place of employment (Country): \_\_\_\_\_

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status?..... Yes    No

II. QUESTIONS OF THE PROPOSED INSURED

In past 24 months, have you smoked or used Tobacco, Nicotine or Nicotine products of any kind?	Yes	No
Have you seen physician within the past 5 years?	Yes	No

MEDICAL AND BACKGROUND QUESTIONS:

1. Have you suffered from any problems with Heart?	Yes	No
2. Have you ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related Complex (ARC)?	Yes	No
3. Within past 5 years, have you been treated by a physician or advised by a physician to seek treatment for drug or alcohol use?	Yes	No
4. Has your weight changed by more than 10 pounds in the past year?	Yes	No
5. Within past 2 years, have you been engaged in or do you any plan for next 2 years to engage in any form of Skin or Scuba Diving, Hang Gliding, Ultralight Flying, Cave Exploration, Parachuting or Sky Diving, Mountain or Rock Or Ice Climbing, Rodeo, Bungee Jumping, Ballooning, Competitive Skiing, Snowmobiling or Snowboarding, Motor Racing?	Yes	No
6. Within last 5 years, have you been convicted of moving violations or been suspended?	Yes	No