QUESTIONS TO ASK YOUR CLIENT
PRIOR TO QUOTING PREMIUM OR WRITING AN APPLICATION

Proposed Insured's Name: _____ Date of Birth: _____

Plan of Insurance requested: Individual: ☐Term ☐ UL ☐ VUL ☐ WL Survivorship: ☐SUL ☐SVUL ☐ SWL
Face Amount?_____ Client's budget: $ _____

Present Nicotine Use:

☐None ☐Cigarettes ☐Cigars ☐Pipe ☐Dip ☐Chew Nicotine ☐Gum
Quantity per month _____
Former Tobacco Use: List each type of tobacco, quantity and frequency used, and date of last use:

_____

Height: _____ feet _____ inches Weight: _____ pounds

Is there a family history (parent or siblings) prior to age 60 of cardiovascular disease, , diabetes, or cancer? ☐ Yes ☐ No
If yes, provide full details with impairment, age at onset and age at death if deceased:
Father: _____
Mother: _____
Siblings: _____

Are you currently taking any medication for blood pressure? ☐ No ☐ Yes If yes, latest BP reading? _____/_____

Are you currently taking any medication to lower cholesterol? ☐ No ☐ Yes If yes, Latest total chol.? _____

Medical History:
Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply.

☐Alcohol abuse	☐Alzheimer's/dementia/cognitive impairment	☐Asthma
☐Cancer	☐Cirrhosis	☐COPD
☐Coronary artery disease	☐Crohn's disease	☐Depression/anxiety
☐Diabetes	☐Drug abuse	☐Epilepsy
☐Heart murmur/valve disease	☐Hepatitis	☐Irregular heartbeat/palpitations
☐Kidney disease	☐Lupus	☐Multiple sclerosis
☐Peripheral vascular disease	☐Rheumatoid arthritis	☐Sleep apnea
☐Stroke	☐Other	

List dates, diagnosis, details, treatment. Additional questionnaires may be needed to generate quotes see CPS-Reliable Financial Group Underwriting Health Questionnaires www.relfingrp.com

_____

_____

_____

Aviation/Avocation: If yes, additional questionnaires may be needed to generate quotes see CPS-Reliable Financial Group Underwriting Health Questionnaires-Generic Forms section www.relfingrp.com . In the past 5 years have you or do you intend to participate in any of the activities listed?

☐None ☐Flying ☐Racing ☐Sky diving ☐Scuba diving ☐Other

Citizenship/Residency/Travel:

US Citizen: ☐Yes ☐No If no, provide type and expiration date of visa, green card status, and length of time in USA:

_____

Any future plans to live or travel outside the USA? ☐ No ☐ Yes (provide purpose, cities, countries, frequency, and duration): If yes, check with CPS Reliable regarding state compliance prior to quoting or completing any application(s)

_____

Driving History:
Have you had any of the following motor-vehicle-related incidents in the past 10 years? If yes, check with CPS Reliable regarding possible ratings prior to quoting or completing application(s)

☐Moving violation ☐Reckless driving ☐DWI or ☐DUI ☐License suspension ☐License revoked
Provide dates, details:

_____

PLEASE RUN ANY ISSUES THAT COME UP BY CPS *BEFORE* WRITING A CASE
CPS Reliable Financial Group
Local 509-926-2569 Toll Free 800-364-3110