

# Reliable Financial Group

A CPS Insurance Services, Inc. Affiliated Office

Companies, Products and Services

**www.relfingrp.com**

9116 E Sprague B202, Spokane, WA 99206

Local (509) 926-2569 Fax (509) 921-1755 Toll Free (800) 364-3110

## Determining the Correct Underwriting Class

Reviewing these questions with your client prior to quoting them a premium will help increase your placement ratio and help reduce time spent in trying to salvage cases. To be used in conjunction with CPS-Reliable's Term Underwriting Guidelines.

### IMPAIRMENTS:

**Question** Any disease, disorder or activities that would affect mortality?

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com) , go to the Underwriting Section, select [Ask the Doctor](#) and select the appropriate questionnaire.

**Answer** No – Continue to next question

### BLOOD PRESSURE:

**Question** Is your blood pressure currently controlled and the average reading in the last 2 years does not exceed (140/90 – Age 60 or younger or 150/90 – Age 61 or Older)?

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com) , go to the Underwriting Section, select Ask The Doctor and select the [Blood Pressure Questionnaire](#).

**Answer** No – Continue to the next question

### FAMILY HISTORY:

**Question** Has any *parent* or *sibling* had cardiovascular or cancer disease on die from disease(s) on or before Age 60.

**Answer** Yes – Stop and review CPS-Reliable Term Underwriting Guidelines

**Answer** No – Continue to the next question

### DRIVING HISTORY:

**Question** Any DWI, DUI, reckless driving, license revocation or suspension in the last 5 years?

**Answer** Yes – Stop and review CPS-Reliable Term Underwriting Guidelines

**Answer** No – Continue to the next question

### NICOTINE USE:

**Question** Any use of nicotine or nicotine substitutes in the last 5 years?

**Answer** Yes – Stop and review CPS-Reliable Term Underwriting Guidelines

**Answer** No – Continue to the next question

### CHOLESTEROL:

**Question** Do you know what your current cholesterol level is?

**Answer** Yes – Stop and review CPS-Reliable Term Underwriting Guidelines

**Answer** No – Continue to the next question

# Reliable Financial Group

A CPS Insurance Services, Inc. Affiliated Office

Companies, Products and Services

**www.relfingrp.com**

9116 E Sprague B202, Spokane, WA 99206

Local (509) 926-2569 Fax (509) 921-1755 Toll Free (800) 364-3110

Page Two

## **CHOL/HDL RATIO:**

**Question** Do you know what your current CHOL/HDL Ratio is?

**Answer** Yes – Stop and review CPS-Reliable Term Underwriting Guidelines

**Answer** No – Continue to the next question

## **ALCOHOL/SUBSTANCE ABUSE:**

**Question** Do you have a history of, or treatment for, alcohol or substance abuse in the last 10 years?

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com), go to the Underwriting Section, select Ask The Doctor and select the [Alcohol Usage Questionnaire](#)

**Answer** No – Continue to the next question

## **CANCER HISTORY:**

**Question** Any cancer history (except basal cell carcinoma)?

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com), go to the Underwriting Section, select Ask The Doctor and select the [Cancer Questionnaire](#)

**Answer** No – Continue to the next question

## **AVIATION:**

**Question** Do you, currently, hold a pilots license?

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com), go to the Underwriting Section, select Ask The Doctor and select the [Pilot Questionnaire](#)

**Answer** No – Continue to the next question

## **HAZARDOUS OCCUPATION/AVOCATION:**

**Question** Do you work in a hazardous industry ( mining, explosives, etc) or do you have a hazardous avocation (mountain climbing, ice climbing, motor vehicle racing, etc.)

**Answer** Yes – STOP and go to [www.relfingrp.com](http://www.relfingrp.com), go to the Underwriting Section, select Ask The Doctor and select the appropriate questionnaire

**Answer** No – Continue to the next question

## **HEIGHT/WEIGHT:**

**Question** Please provide your height and weight?

**Answer** Stop and review CPS-Reliable Term Underwriting Guidelines

The use of this form in conjunction with CPS-Reliable's Term Underwriting Guidelines  
CPS-Reliable's Impaired Risk Department will save you and your staff time and money.