PRIOR TO QUOTING PREMIUM OR WRITING AN APPLICATION
ASK YOUR CLIENT

Name: _____ State: _____ ☐M ☐F DOB: ____/____/____ Ht.____'____" Wt._____lbs.

Occupation:_____ Face Amount:_____ Maximum Annual Premium $ _____

Last Life Insurance App. Yr._____ Company_____ Action_____

Replacing existing policy? ☐Yes ☐No Current Prem? _____ Desired Plan: ☐Term Yrs. _____ ☐UL ☐VUL ☐WL

<u>Nicotine Use History:</u> ☐Never Used ☐Use Now ☐Cigarettes ☐Cigars # per month_____ ☐Pipe ☐Dip ☐Chew ☐Nicotine Gum

☐Totally Stopped Number of yrs. totally stopped? ☐Less than 1 ☐1 or more/less than 2 ☐2 or more/less than 3 ☐5 or more

<u>Is there a family history</u> parent or sibling(s) 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: _____

<u>Medical History:</u>
Have you ever had, been told you had, or been treated for any of the conditions listed? 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	

Treated for blood pressure? ☐No ☐Yes Last BP reading _____ /_____ Treated for cholesterol? ☐No ☐Yes Last total chol. _____

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

_____
_____
_____

All Medications: _____

_____

<u>Aviation/Avocation:</u> In the past 5 years have you, or do you have future plans to participate in any of the activities listed below?

☐Flying ☐Hang Gliding ☐Hot Air Ballooning ☐Racing Motor Vehicle/ Boat ☐Sky Diving ☐Scuba Diving ☐Mountain Climbing
If yes, additional info. is needed to quote see CPS-Reliable Financial Group Underwriting Health Questionnaires-Generic Forms Section www.relfingrp.com

<u>Citizenship/Residency/Travel:</u> **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: If yes, provide purpose, cities, countries, frequency, and duration. *Check with CPS Reliable regarding state compliance prior to quoting or completing any application(s)*

<u>Driving History:</u> **Have you had any of the following motor-vehicle-related incidents in the past 5 years?** *If yes, check with CPS Reliable regarding possible ratings prior to quoting or completing application(s)*

☐Moving violation(s) #_____ ☐Reckless driv. ☐DWI ☐DUI ☐License suspended or revoked
Provide dates, details: _____

PLEASE CONTACT CPS RELIABLE WITH ANY ISSUES OR QUESTIONS
BEFORE WRITING A CASE
Local: 509-926-2569 Toll Free: 800-364-3110 Fax: 509-921-1755

Agent Name:_____ Ph:_____e-mail _____