



Agent's Name

Agent's Phone:

Agent's Email:

Client Name:

DOB:

Client State:

Client:

Height:

Weight:

Sex:

Do you, or have you ever used tobacco (cigarettes, cigars, chewing tobacco, nicotine gum/patch, vape, etc.) or marijuana (inhaled, ingested, vape). If yes, please provide details below.

Quantity:

Frequency:

Type:

Last Used:

Other than as recommended by a member of the medical profession, have you used any prescribed or nonprescribed medications/drugs. If yes, please provide details.

Quantity:

Frequency:

Type:

Last Used:

Do you drink alcohol? If yes, provide details.

Quantity:

Frequency:

Last Used:

YES NO

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	YES	NO
How much insurance coverage do you have inforce? Provide details. <hr/>		
Have you ever been declined or rated for any coverage? If yes, provide details including reason for rating or decline. <hr/>		
Have you seen a doctor in the last five years? If yes, please include reason seen and when last seen)? <hr/>		
Has there been any medical testing done and/or recommended? If yes provide details. <hr/>		
Are you taking any prescribed medications? Please include dosage and reason taken. <hr/>		
If applying for disability and/or long-term care, do you have mobility issues, physical therapy, pain, joint issues, joint injections, etc. If yes, provide details. <hr/>		

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	YES	NO
Do any immediate family members (parent and/or siblings) have a history of cancer, diabetes, or cardiovascular disease? If so, please advise detail to include when they were diagnosed with the condition, if they are still living, and if they are deceased, when they died and whether they died from any of these conditions. 		
Have you had any citations for DUI, reckless driving or any moving violations in the last five years? If yes, please provide details. 		
Any participation in any private pilot and/or hazardous avocation or sport in the last 3 years or planned? If yes, please provide details. 		
Any past travel in the last 2 years or future to travel outside the U.S.? If yes, please provide details to include specific destination, frequency, and duration of travel: 		
Use this space to provide additional health details: 		



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