



Pre-Screen Questionnaire

INSURED

Name _____ Date of Birth _____ State _____

Height _____ Weight _____ Male Female

PRODUCTS TO QUOTE

Face Amount(s) \$ _____ \$ _____ \$ _____

Term 10 15 20 25 30

UL Age 90 Age 100 Age 105 Age 120

Mode Annual Semi-Annual Quarterly Monthly

TOBACCO

Never Used Currently Uses Previously Used

Type (Cigarettes, Vape, Cigar, Chewing Tobacco, Patch, Gum) _____

Currently Using, How Often? _____ Previously, Quit Date? _____

CANNIBIS

Type (inhale, edibles, infused liquid, oil) _____

How Often Used? Daily Weekly _____ Monthly _____

FAMILY HISTORY

Parent diagnosed with or died from Cancer Heart

Diagnosed at age _____ Died at age _____

Sibling diagnosed with or died from Cancer Heart

Diagnosed at age _____ Died at age _____

BUSINESS

Key-Person Salary \$ _____ Buy Sell Ownership % _____ Company Value _____

MEDICAL HISTORY

Have you been diagnosed or treated with any of the following?

Anxiety / Depression Cancer Diabetes Heart Disease Sleep Apnea

Details _____