BackNine Insurance

QUICK QUOTE FOR PREFERRED RISK

Information gathered will be used in the evaluation of the applicant's insurability. Offers are tentative subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

CLIENT: NAME _____ / ❑ M ❑ F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED $ _____ / MAX. ANNUAL PREMIUM $ _____ / TYPE OF INS. ❑ UL ❑ TERM YRS. LVL _____

TOBACCO USE ❑ NO ❑ YES, TYPE _____ / REPLACEMENT? ❑ YES ❑ NO / CURRENT ANN. PREM. $ _____

LAST LIFE INSURANCE APP. YEAR _____ COMPANY _____ ACTION _____

OCCUPATION _____ / MARITAL STATUS ❑ SINGLE ❑ MARRIED ❑ WIDOWED ❑ DIVORCED

FAMILY HISTORY: AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, GIVE RELATION(S), AGE(S) AND CAUSE(S) _____

DRIVING RECORD: # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK ❑ NO ❑ YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ / DATE OF LAST EKG _____ AND RESULTS _____

LAST BLOOD PRESSURE READING (RESULTS) _____/_____ / ARE YOU TREATED FOR BLOOD PRESSURE ❑ NO ❑ YES

LAST CHOLESTEROL READING, HDL READING (RESULTS) _____, _____ TREATED FOR CHOLESTEROL ❑ NO ❑ YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE DETAIL THE CLIENT'S FAMILY HISTORY:
(AGE IF LIVING / AGE AT TIME OF DEATH AND CAUSE)

FATHER: _____ / _____

MOTHER: _____ / _____

SIBLING: _____ / _____

SIBLING: _____ / _____

2. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ALL THAT APPLY):

❑ CANCER HISTORY
❑ HEART HISTORY/CONDITION
❑ DIABETES HISTORY
❑ ALCOHOL OR DRUG ABUSE HISTORY
❑ HIGH BLOOD PRESSURE, PLEASE DETAIL:

CURRENT READING _____ / HIGHEST READING _____

TYPE OF TREATMENT _____

❑ ELEVATED CHOLESTEROL HISTORY, PLEASE DETAIL:

CURRENT READING _____ / HDL READING OR RATIO _____

HIGHEST CHOLESTEROL READING _____

TYPE OF TREATMENT _____

❑ ELECTROCARDIOGRAM (EKG), WITHIN PAST YEAR:

RESULTS: ❑ NORMAL ❑ OTHER _____

❑ STRESS EKG OR THALLIUM IF TAKEN WITHIN PAST YEAR:

RESULTS: ❑ NORMAL ❑ OTHER _____

❑ SIGMOIDOSCOPY, IF TAKEN WITHIN PAST YEAR:

RESULTS: ❑ NORMAL ❑ OTHER _____

❑ PROSTATE EXAM IF TAKEN WITHIN THE PAST YEAR:

RESULTS: ❑ NORMAL ❑ OTHER _____

❑ MAMMOGRAM IF TAKEN WITHIN THE PAST YEAR:

RESULTS: ❑ NORMAL ❑ OTHER _____

3. HAS THE CLIENT HAD A STANDARD MEDICAL CHECKUP WITHIN THE PAST YEAR?

❑ NO ❑ YES, PLEASE DETAIL RESULTS:

❑ NORMAL ❑ OTHER _____

4. DOES THE CLIENT PARTICIPATE IN AVIATION / AVOCATION ACTIVITIES?

❑ NO ❑ YES, PLEASE DETAIL _____

5. LIST ANY OTHER ILLNESSES OR IMPAIRMENTS (COMPLETE ANY OTHER QUICK QUOTE FORMS THAT MAY APPLY), ALONG WITH ALL MEDS AND VITAMINS TAKEN, INCLUDE DOSAGE AND FREQUENCY:

_____

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