

Aviation/Avocation:

In the past 5 years have you or do you intend to participate in any of the activities listed?

- None Flying Racing Sky diving Scuba diving Other

Details: _____

Citizenship/Residency/Travel:

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? *check with your Brokerage General Agency regarding state compliance prior to completing any application(s) No Yes (provide purpose, cities, countries, frequency, and duration): _____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

- Moving violation Reckless driving DWI or DUI License suspension License revoked

Provide dates, details: _____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Alzheimer's/dementia/cognitive impairment | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart murmur/valve disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Other |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Irregular heartbeat/palpitations | |
| <input type="checkbox"/> Coronary artery or cerebrovascular disease | <input type="checkbox"/> Kidney disease | |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Lupus | |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Multiple sclerosis | |

List dates, diagnosis, details, treatment, plus names, addresses, and phone numbers of all physicians consulted
(Refer to Common Medical and Non-Medical Impairment sections for critical underwriting factors):
