NAILBA
NAILBA University

CLIENT NAME: _____   **Date:** _____

☐ Male   ☐ Female   Date of birth: _____   Height: _____' _____"   Weight: _____

Tobacco Use: ☐ Never used   ☐ Totally stopped   Date stopped: _____   ☐ Use now   Type of nicotine product: _____

Type of Coverage: ☐ Term   ☐ UL   ☐ Survivor   ☐ Disability   **Coverage Amount:** _____

Annual Income: _____   Occupation/Job duties: _____   **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY
Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. What was the cause of heart failure? _____

2. When was the diagnosis made? _____

3. Has client had surgical heart repair? ☐ No   ☐ Yes; please give details

_____

_____

4. Does client have a history of any of the following (please provide details or complete the questionnaire for the condition):
☐ Hypertension _____
☐ Coronary artery disease _____
☐ Chronic obstructive pulmonary disease _____
☐ Pacemaker _____

5. Has an angiogram, echocardiogram, stress test, or heart scan been done?   ☐ No   ☐ Yes; please give details

_____

_____

6. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

7. Does client have any other major health issues? (additional questionnaires may be required)   ☐ No   ☐ Yes; please give details

_____

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