

**Tobacco / Smoking Questionnaire**

**SECTION I: AGENT INFORMATION**

Full Name of Agent

Address Line 1

Address Line 2

City, State, Zip

E-Mail

Business Phone

Cell Phone

Home Number

Fax Number

**SECTION II: CLIENT BACKGROUND INFORMATION**

Full Name

Sex  Male  
 Female

Date of Birth

Height

Weight (if weight changed in the last 12 months, please indicate)

Type of Product  Term Life  
 Universal Life  
 Whole Life  
 Second to Die  
 Variable Life

Coverage Amount

Desired Premium Range

Occupation (If not currently employed, explain i.e. Retired, Disabled, Social Security Disability, Workmans Comp)

Ever used nicotine  Yes  
 No

Still using nicotine  Yes  
 No  
 Not Applicable

Date Stopped

List types of nicotine used 


**SECTION III: CLIENT MEDICAL INFORMATION**

Most significant medical problem

Date condition first diagnosed

Is client currently seeing a doctor for the above condition  
 Yes  
 No

Date of last visit

Most recent BP reading

List all medications, including dosage and frequency, that the client is currently taking:  


List any immediate relatives (parents or siblings) who have died of heart disease, cancer, or diabetic complications prior to the age of 60:  


Describe any other impairment, medical or otherwise, which may affect the underwriting process:  


Prior company action (Name of company, rating, premium)  


Types and dates of surgery or hospital treatment?  


SECTION IV: SMOKING SPECIFIC QUESTIONS

Has the client had any medical issues directly attributable to their smoking history, if so please describe:


Has the client had a recent chest X-Ray?

- Yes
- No

What were the results of this chest X-Ray?

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