AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

Preferred Questionnaire

CLIENT NAME _____
Gender: [ ] M [ ] F DOB _____ AGE ____ [ ] Non-smoker [ ] Smoker STATE ____
AMOUNT INSURANCE _____ TYPE OF INSURANCE _____
AGENT NAME: _____
ADDRESS: _____ CITY: _____ STATE _____ ZIP: ____
PHONE: _____ FAX: _____
Occupation/ Source Income: _____

1. Height _____ Weight _____
2. Family History: (Age if living/ Age at time of death and cause)
   Father: Age _____ Medical History _____
   Mother: Age _____ Medical History _____
   Brothers: Age _____ Medical History _____
   Sisters: Age _____ Medical History _____
3. Do you exercise three or more times per week on a regular basis?
   [ ] Yes, Type: _____ [ ] No
4. Blood Pressure
   Last Blood pressure reading ____/____
   Highest Blood Pressure reading in past 2 years _____/_____
   Are you treated for blood pressure? [ ] No [ ] Yes, Details: _____
5. Cholesterol and HDL
   Last Cholesterol reading _____ Last HDL reading _____
   Highest Cholesterol in past 2 years _____
   Are you treated for Cholesterol? [ ] No [ ] Yes, Details: _____
6. Driving Record
   Number of driving violation in past 3 years? [ ] None [ ] Yes - #_____
   Number of DUI or Reckless driving violations in past 5 years? [ ] None [ ] Yes - #____
7. Do you participate in any private aviation or hazardous sports/ avocations?
   [ ] No [ ] Yes, details: _____
8. Had any of the following medical conditions:
   Cancer [ ] No [ ] Yes, Details: _____
   Heart Conditions [ ] No [ ] Yes, Details: _____
   Diabetes [ ] No [ ] Yes, Details: _____
   Alcohol or Drug Abuse Treatment [ ] No [ ] Yes, Details: _____
9. List any medications you are currently taking: _____

Agent Name:

Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance