

## 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:** \_\_\_\_\_