

### ***Proposed Insured Risk Evaluation***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Tobacco Usage:** Yes  No  If yes (ever), last usage & type: \_\_\_\_\_

**High Blood Pressure:** Yes  No  If yes, Explain: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_ Current Reading: \_\_\_\_\_

Current Meds: \_\_\_\_\_

**Elevated Cholesterol:** Yes  No  If yes, Explain: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_ Current Reading: \_\_\_\_\_

Current Meds: \_\_\_\_\_

**Medical Conditions of Concern:** (For the most accurate quote, please provide date of diagnosis, treatment, and frequency of doctor visits. For diabetics- A1c level & type; for cancer- please provide stage, size, & location; for heart condition- % stenosis/blockage.)

Condition 1, Explain in Detail: \_\_\_\_\_  
 \_\_\_\_\_

Condition 2, Explain in Detail: \_\_\_\_\_  
 \_\_\_\_\_

Condition 3, Explain in Detail: \_\_\_\_\_  
 \_\_\_\_\_

Current Medications and Dosages: \_\_\_\_\_  
 \_\_\_\_\_

***Moving Violations (in the last 5 years):***

DUI: Yes  No  If yes, provide dates: \_\_\_\_\_

Speeding Tickets: Yes  No  If yes, provide dates: \_\_\_\_\_

Reckless Driving/ Accidents: Yes  No  If yes, provide dates: \_\_\_\_\_

***Family History***

	Age if Living?	Age of Death?	Cause of Death?
<i>Father</i>			
<i>Mother</i>			
<i>No. Siblings Living</i> <i>No. Siblings Dead</i>			

\*\*\*For some cases, we may require additional information. In that case, we may request the additional details in the form of individual impairment questionnaires.