

**Quick Submit - Client Risk Questionnaire**  
*Screen Your Client for Red Flags Before Selecting a Company*

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
 Coverage Amount \_\_\_\_\_ Term Length:  10  15  20  25  30  ROP  
 Riders \_\_\_\_\_ Replacement Case?  Yes  No

<input type="checkbox"/>	<input type="checkbox"/>	Select Red Flag for yes answers as this may indicate a potential underwriting issue.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Build</b> Height: _____ Weight: _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Nicotine Use</b> Ever used any nicotine-based products? If Yes, date last used? Type & Frequency?
<input type="checkbox"/>	<input type="checkbox"/>	<b>Family History</b> Has either parent or sibling had a history of heart disease or cancer? Details if yes. Has either parent died prior to age 60 from heart disease or cancer? Details if yes.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Medical History</b> Have you been diagnosed and treated for heart disease, diabetes, or cancer including skin cancer (melanoma)? Please provide details. Any other medical conditions? If so, provide details including date of onset. Any in/out patient hospitalizations in the last 10 years? Dates and Reasons. Do you take any medications? Type & Reason:
<input type="checkbox"/>	<input type="checkbox"/>	<b>Avocation &amp; Travel</b> Aviation, scuba diving, race car driving, foreign travel (past and future)? A separate questionnaire will be required to obtain more information if any of these apply.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Driving History</b> Any DUI's or more than 2 moving violations in the past 3 years?
<input type="checkbox"/>	<input type="checkbox"/>	<b>Details</b>

- No obvious red flags? Then any of our competitive low cost term carriers should be appropriate.
- Any red flags? Talk to our sales team.