

The Thompson Agency

of New England

General Purpose Impaired Risk Life Insurance Questionnaire

Name: _____

Male Female

Height _____ Weight _____ D.O.B. _____

Smoker? Yes No

Insurance Amount \$ _____

Insurance Type UI/WL Term

1. List illness:

Provide details:

2. Month and Year Diagnosed: _____

3. Type of treatment:

Surgery: mo./yr. _____

Medication (list)

Other treatment:

4. Last visited Physician for this disorder:

- 0 to 6 months
 6 to 12 months
 12 to 24 months
 over 24 months

5. Last cholesterol reading: _____

6. Do you regularly exercise 2 – 3 times/ week?

Yes No

7. Last blood pressure reading: _____/_____

8. List any other illness or impairment:

9. Medications currently taking:

10. Has either parent, or sibling died before the age of 65, other than by accident?

- Yes [list cause] _____
 No

11. Last life insurance applied for and result:

Company: _____

Date: _____ Result: Declined

Postponed Rated table _____

Comments:

Agent: _____

Address: _____

Phone: _____

Email: _____