General Use Questionnaire

Submit This Form with your application for better informed underwriting

Client Information

Client Name:						
DOB:	**Gender**		**Height**	**Weight**		**Marital Status**
Occupation & Length of Employment:						
Tobacco Use	Never Used		Totally Stopped		Current User	
			Date Stopped		**Type Used**	
Type of Coverage	Term	UL	Survivor		**Amount $**	

Essential Information

1	List impairment give as much detail as possible, include when the condition was diagnosed, how it was contracted and current prognosis		
2	Has there been any treatment? (provide start and end dates, name of treatment)		
3	Has client been hospitalized for treatment	☐ Yes ☐ No	*If yes, give details, dates and lengths of stay*
4	List current medications (accurate name, dosage and reason)		
5	Does the client have any other health issues	☐ Yes ☐ No	*If yes provide details:*

Don Boozer & Associates
P: 1-800-543-0886
F: 1-888-543-0886