**Pre-underwriting Questions | Answers Facilitate Carrier Selection & Pricing Estimates:**

Client DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ State: \_\_\_\_\_

Answers to the questions below enable us to pre-qualify applicants for potential exam and lab-free underwriting, or to match the applicant to the insurer that will likely offer the lowest rates.

1. Have you used *any* form of tobacco, nicotine, or marijuana products in the past 3 years, including chewing, cigars, dipping, edibles (brownies, gummies), gum, joints, vaping, pipe, cigarettes, patch, or similar? If yes, please list *each*, including type, frequency, and date last used:
2. Your height:   Weight: Change in past 12 months:
3. Have you been diagnosed with any chronic medical condition, abnormal labs, or abnormal medical test? If so, please describe:
4. What prescription medications are you taking? Which condition does each treat?
5. What medical devices are you using (e.g., [CPAP](https://www.nhlbi.nih.gov/health/cpap) to treat sleep apnea, [pacemaker](https://www.nhlbi.nih.gov/health/pacemakers) or [defibrillator](https://www.nhlbi.nih.gov/health/defibrillators) to regulate heartbeat):
6. Have you been hospitalized, or undergone [outpatient treatment](https://www.merriam-webster.com/dictionary/outpatient), for *any* reason in the past 5 years? If yes, please provide reason, dates, and outcomes:
7. Moving violations / Motor Vehicle Report entries during past 7 years:
8. What sports, [avocations](https://en.wikipedia.org/wiki/Avocation) (SCUBA, mountain climbing, racing), private [aviation](https://www.cpsadvantage.com/wp-content/uploads/Aviation-Questionnaire.pdf) do you engage in?
9. Describe [foreign travel](https://www.cpsadvantage.com/wp-content/uploads/Foreign-Travel-Questionnaire.pdf) already booked, citizenship if other than US, with visa type:
10. Have your mom or dad been diagnosed with, or passed away from, heart disease, cancer, or stroke prior to age 65? If so, who, what happened?  At what age were they diagnosed?  If they passed away, how old were they?
11. For applicants age 60 and older: Date of last physical: \_\_\_\_\_\_\_ Date of next physical: \_\_\_\_\_\_\_\_
12. Is there anything else you can think of that might impact life insurance underwriting? Please explain, thank you: