

## **Jumbo Risk Questionnaire**

### **SECTION I: AGENT INFORMATION**

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

### **SECTION II: CLIENT BACKGROUND INFORMATION**

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:  
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current  
premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

Complete listing of client's insurance in force and applied for by company, amount and beneficiary.

If business insurance, indicate amount of insurance on other partners?

What is the percentage of proposed insured's ownership in the business and the partners percentage of ownership in the business?

Include cover letter explaining need, common purpose and any special circumstances of the case.

Is insurance to cover a loan? If "Yes," please provide purpose of loan, amount of loan and terms of loan.

Is this a replacement sale? If "Yes," provide total amount to be replaced, the name(s) of present carrier(s), and a 5 year replacement history to include dates, face amounts and company name(s).