

Moral Hazards 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)

SECTION III: CLIENT MEDICAL INFORMATION

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)

of last visit?

Is client currently seeing a doctor for listed condition? Date

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?

SECTION IV: MORAL HAZARDS QUESTIONS

Type of problem? (ie: criminal record, criminal associates, convictions)

Indicate date(s) of offense and date of last occurrence.

Was proposed insured ever convicted of any crime? If "Yes," indicate date and explain if time has been served or if case is under appeal?

Is proposed insured on parole? If "Yes," how long is left of parole period?

Current family status (ie: single, married, divorced, children, etc.).