

**Personal History – Life & DI Insurance**

**Agent Name:** \_\_\_\_\_

Directions to client: There are many factors that go into the pricing of Life and Disability insurance. This questionnaire is a guide to the most common questions.

**Client Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **State of Residence:** \_\_\_\_\_

Tobacco use? No/Yes (circle: cigarettes, pipes, cigars, chew, nicotine patch)  
If no longer used, date stopped: \_\_\_\_\_ (circle type above)

**Average blood pressure reading:** \_\_\_\_\_ **Cholesterol level:** \_\_\_\_\_

Hazardous sports? Circle: Scuba Diver, Sky Diver, Personal Aircraft Pilot, Motorcar or Motorcycle Racer

Do you use Alcohol or Drugs? Describe: \_\_\_\_\_ Treatment Date/Details: \_\_\_\_\_

Any foreign residence or travel? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

**Family History**

Relation	Age if Living	History of Cancer/Heart/Disease/Stroke/Diabetes	Age at Death/Cause
Father			
Mother			
Brothers & Sisters			

Current medications prescribed:

Describe any ongoing medical condition or treatment within three years:

Any history of the following?

- |                                  |                                |
|----------------------------------|--------------------------------|
| Cancer                           | Ulcerative colitis             |
| Heart disease                    | Ileitis                        |
| Diabetes                         | Rheumatoid Arthritis           |
| Asthma (under treatment)         | Alzheimers disease             |
| Depression (under treatment)     | Melanoma                       |
| Mental illness                   | Neurogenic bladder             |
| Stroke                           | Bowel Incontinence             |
| Epilepsy                         | Kidney Stones (within 2 years) |
| Gastric/Ulcers (under treatment) | Emphysema/Chronic Bronchitis   |
| Chronic Kidney or Liver Disease  | Hypertension                   |
| Multiple Sclerosis               | Vascular Disease               |

**MVR History**

DUI? (within 10 years) Date: \_\_\_\_\_  
Moving violations? (within 3 years) Date: \_\_\_\_\_ Details: \_\_\_\_\_

Occupation and job description:

Have you ever tried to buy life or disability insurance and you were rated or declined?  
No/Yes If yes, why? \_\_\_\_\_ When: \_\_\_\_\_ Company: \_\_\_\_\_

