

# Underwriting Criteria Questionnaire

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Producer Name \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Writing State: \_\_\_\_\_  
U.S. Citizen? Yes No If no, country of citizenship/green card/visa status: \_\_\_\_\_

Product Type/Duration/Face Amount: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Weight change of more than 10 lbs. in the last year? No Yes  
If yes, how much? \_\_\_\_\_ Gain Loss Reason for change? \_\_\_\_\_

Ever Used Nicotine? No Yes Type? \_\_\_\_\_ Quantity? \_\_\_\_\_ Frequency? \_\_\_\_\_  
Discontinued use date? \_\_\_\_\_

Ever used marijuana? No Yes If yes, Recreational/Medicinal? \_\_\_\_\_  
Weekly quantity? \_\_\_\_\_ Last time used? \_\_\_\_\_

Current cholesterol level: \_\_\_\_\_ HDL? \_\_\_\_\_ HDL/LDL Ratio? \_\_\_\_\_ Medication? Yes No  
High Blood Pressure? No Yes Controlled? No Yes Medication? No Yes  
How long? \_\_\_\_\_

List all medications you are currently taking (include reason, dosage and frequency):  
\_\_\_\_\_  
\_\_\_\_\_

When was your last complete physical exam with full blood/urine work up? \_\_\_\_\_  
Family History: Any parents or siblings with a history, or death before the age of 70, of cancer, diabetes, high blood pressure, or heart disease? If yes, please list age of parents and all siblings who are living. If deceased, indicate causes of death, and at what age.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you been rated or declined for life insurance? No Yes  
If yes, when, why and with what company? \_\_\_\_\_

Have you had any health impairments (include COVID-19) in the last 10 years? No Yes  
If yes, what, when, any residual effects, how was it resolved? \_\_\_\_\_

Have you been convicted of a DUI while operating a motorized vehicle or reckless driving in the past 5 years?  
No Yes If yes, when and where? \_\_\_\_\_

Do you have 2 or more moving violations in the past 3 years? No Yes  
If yes, when and where? \_\_\_\_\_

Do you now, or have you in the past, flown an airplane as a pilot or crew member? Yes No  
Do you participate in any hazardous activities? (auto/motorcycle racing, scuba/sky diving, mountain climbing etc.)  
No Yes

Have you traveled outside of U.S. in past 3 months or do you have future plans? No Yes  
If yes, when/where? \_\_\_\_\_

Have you been treated for alcohol or substance abuse in the last 10 years? No Yes  
Have you ever been convicted of a felony or misdemeanor? No Yes

If yes, explain \_\_\_\_\_

Have you ever filed bankruptcy or intend to seek bankruptcy protection within the next 12 months? No Yes  
(If filed, list chapter filed, date, reason, and discharge date.) \_\_\_\_\_

Any additional information not covered above that should be considered?  
(Competition details, other applications pending, etc.) \_\_\_\_\_