FIELD UNDERWRITING FACT FINDER

Agent Name: ____

Agent Phone Number: ____________________ Email Address: ______________________________

Proposed Insured's Name: ______________________________ Date of Birth/Age: ______________

State of Issue: ______________________

Plan of Insurance Requested: ☐ Term ☐ UL ☐ VUL ☐ WL ☐ SUL ☐ SVUL

Amount of Insurance: ____________ Client's Budget: ______________________________

Specified Premium:________________ ☐ 1035 ☐ Lump Sum ☐ Continuous Pay (Mode:_________)

Is Client now receiving or has client received in the past disability payments? ☐ No ☐ Yes, provide details: ____

Has client had previous applications declined or postponed? ☐ No ☐ Yes, provide details: _________

____

Current Nicotine Use: ☐ None ☐ Cigarettes—Frequency of Use per Day: ____________________
☐ Cigars ☐ Pipe ☐ Dip ☐ Chew ☐ Nicotine Gum ☐ Other ____________________________
Quantity per Month ________________________
Former Tobacco Use: (List each type of tobacco, quantity and frequency used, and date of last use)

____

Build: ___feet ___inches _____pounds

Family History: To your knowledge, is there any family history (parent or siblings) with onset of disease prior to age 60 due to cardiovascular disease, diabetes, or cancer? ☐ Yes ☐ No
***If yes, provide full details with impairment, age at onset and age at death if deceased:
☐ Father: ____
☐ Mother: ____
☐ Siblings: ____

Blood Pressure & Cholesterol:
Last BP Reading: ____/____ Latest Total Cholesterol: ____mg Latest Cholesterol/HDL Ratio: _____
Are you currently taking any medication for blood pressure? ☐ No
☐ Yes, Name of Rx: __________________
Are you currently taking any medication to lower cholesterol? ☐ No
☐ Yes, Name of Rx: __________________

Aviation/Avocation:
In the past 5 years, have you or do you intend to participate in any of the activities listed?
☐ None ☐ Flying ☐ Racing ☐ Sky Diving ☐ Scuba Diving ☐ Other
Details: ____

____

Citizenship/Residency/Travel:

US Citizen: ☐ Yes ☐ No

If no, provide type & expiration date of visa, green card status, & length of time in USA: ______________

____

Any future plans to live or travel outside the USA? ☐ No ☐ Yes (provide purpose, cities, countries, frequency, & duration): ____

Driving History:

Have you had any of the following motor-vehicle-related incidents in the past 10 years?

☐ Moving violation ☐ Reckless Driving ☐ DWI or DUI ☐ License Suspension ☐ License Revoked

Provide dates & details: ____

Medical History:

Have you ever had, been told you had, or been treated for any of the conditions listed? If yes, check all that apply:

☐ Alcohol Abuse
☐ Alzheimer's/Dementia/Cognitive Impairment
☐ Asthma
☐ Cancer
☐ Cirrhosis
☐ COPD
☐ Coronary Artery Disease
☐ Crohn's Disease
☐ Depression/Anxiety
☐ Diabetes
☐ Drug Abuse
☐ Epilepsy
☐ Heart Murmur/Valve Disease
☐ Hepatitis
☐ Irregular Heartbeat/Palpitations
☐ Kidney Disease
☐ Lupus
☐ Multiple Sclerosis
☐ Peripheral Vascular Disease
☐ Rheumatoid Arthritis
☐ Sleep Apnea
☐ Stroke
☐ Other

List dates, diagnosis, details, treatment, plus names, addresses, and phone number of all physicians consulted: ____

____

____

____

Current Medications:

List all medications & dosages: ____

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Questions:

Call Premier Financial, Inc. at 800-480-5005

Fax : (402) 423-5102

Email the Life Sales Team:

Crystal Mencke: crystal@premierfinancialinc.com

Darin Hassler: darin@premierfinancialinc.com