



LEEINSURANCECONCEPTS
 Personalized protection for your business, family and future

Lee Insurance Concepts

Life Insurance Questionnaire – GENERAL PURPOSE

Name:			DOB:		Male <input type="radio"/> Female <input type="radio"/>	
Height:		Weight:		Smoker: Yes <input type="radio"/> No <input type="radio"/>	Amount Ins. Requested:	UL/WL <input type="radio"/> Term <input type="radio"/>

Please list any <i>present or past</i> health condition(s):		Do you have a parent or sibling that died prior to age 70 due to cardiovascular or cancer? Yes <input type="radio"/> No <input type="radio"/> If so, please list age and cause:
Please list month/year of diagnosis:		
Please list details:		Have you ever been convicted of a DUI or been advised to seek treatment for alcohol/substance abuse? Yes <input type="radio"/> No <input type="radio"/> If so, please list month/year of DUI and/or dates of treatment:
If surgery was performed, list month/year and details:		Do you have more than three moving violations in the past five years? Yes <input type="radio"/> No <input type="radio"/> If so, please list dates/details:
Please list medication(s) currently taken, dosage and reason for taking:		**Do you ever travel outside the US Yes <input type="radio"/> No <input type="radio"/> ?
When is the last time you visited a physician about this illness: 0-6 mos <input type="radio"/> 6-12 mos <input type="radio"/> 12-24 mos <input type="radio"/> 24+ mos <input type="radio"/>		**Do you scuba drive or participate in other hazardous activities? Yes <input type="radio"/> No <input type="radio"/>
Please list last cholesterol reading (if known):		**Are you a pilot (Commercial/Private/Student)? Yes <input type="radio"/> No <input type="radio"/>
Please list last blood pressure reading (if known):		** If the answer to these questions is "yes", a separate questionnaire will be required

AGENT NAME: _____

AGENT EMAIL: _____

AGENT PHONE AND FAX: _____ / _____

**FAX COMPLETED FORM
 TO 866-316-9933.**