GENERAL QUESTIONNAIRE

IP BROKERAGE
1811 BETHLEHEM PIKE • SUITE 214 • FLOURTOWN, PA 19031

Personal Information (this section must be completed)

Name		Gender M / F
Date of Birth	Resident State	US Citizen Y / N
Actively Working? Y / N	Occupation	Foreign National Y / N
Currently Receiving Worker's Comp or Disability Payments? Reason?		Visa Type

Insurance Information (this section must be completed)

Face Amount	Type of Coverage? TERM / UL / IUL / SUL / WL	1035 Exchange? Y / N
Premium Financing? Y / N	If term, level period desired?	Amount?
Have you been previously declined for insurance? Reason?		

Avocation History (this section must be completed)

Are You a Private Pilot? Y / N	Do you participate in any other hazardous activities? If yes, provide details.
Type of Aircraft?	Scuba Diving Y / N
Total Hours Flown?	Mountain Climbing Y / N
Hours Flown Last 12 Month?	Bungee Jumping Y / N
Hours Flown Next 12 Month?	Hang Gliding Y / N
IFR Rating? Y / N	Auto/Motorcycle Racing Y / N
Any citations or restrictions? Y / N	Sky Diving Y / N
If yes, details?	Other

General Medical Information (this section must be completed)

Height Weight Has weight changed by more than 10 lbs in last 12 months? Y / N Reason?

Have you ever used tobacco in ANY form (cigarettes, chew, pipe, cigars, nicotine gum or patch)? Y / N

If YES, type and date of last use?

Current Medications (Rx and OTC)	Reason For Taking	Date Diagnosed
1.		
2.		
3.		
4.		
5		

Have any immediate family members (parents, siblings) been diagnosed or died from heart disease, cancer, or diabetes? Y / N

If YES, please provide details:

Alcohol and Drug History ☐ (check here if not applicable)

Have you ever been convicted of driving under the influence? Y / N
If yes, when was conviction? Has license been reinstated?
Have you ever consulted a doctor or received treatment for alcohol use? Y / N
If yes, date of treatment?
Have you ever consulted a doctor or received treatment for drug use? Y / N
If yes, type and frequency of drugs used?
If yes, date of treatment?

Anxiety/Depression History ☐ (check here if not applicable)

Date of Diagnosis	Diagnosis (i.e. anxiety, bipolar, etc)
Medications?	Any hospitalizations? Is so, how many and date of last?
	Any time lost from work due to condition?

Cancer History ☐ (check here if not applicable)

Type of Cancer	Date of Diagnosis? Date of Last Treatment?
Stage and Grade?	How was it treated?
Did Cancer Spread?	
Any Recurrence?	
If Prostate, Gleason Score?	

Diabetes History ☐ (check here if not applicable)

Date of Diagnosis?	Treatment?
Date and result of most recent A1C test?	
Do you regularly test your blood glucose? Y / N Typical readings?	
Have you been diagnosed with having protein and/or microalbumin in your urine? Y / N Readings?	
Have you had any of the following complications? Retinopathy / Kidney Problems / Neuropathy / Neuralgia / Hypertension	

Heart Disease History ☐ (check here if not applicable)

Date of Diagnosis?	Type of Heart Disease?
Dates and Details of Treatment and/or Surgery?	
Date of Last Stress EKG?	Dates and Types of Other Cardiac Tests?

Sleep Apnea History ☐ (check here if not applicable)

Date of Diagnosis	How is it treated?
Date of Last Sleep Study	If c-pap is used, how often?

Other Pertinent Medical History ☐ (check here if not applicable)

Do you have any of the following conditions?

Aneurysm	Elevated Cholesterol	Lupus
AIDS/HIV	Epilepsy	Multiple Sclerosis
Alzheimer's Disease/Dementia	Hepatitis	Parkinson's Disease
Asthma	Hypertension	Peripheral Vascular Disease
Cirrhosis	Irregular Heart Rate/AFib	Rheumatoid Arthritis
COPD/Emphysema	Kidney Disease/Failure	Stroke/TIA
Crohn's Disease/Colitis	Liver Disease	

If so provide details regarding diagnosis, type, treatment, etc.

Other Requests/Additional Comments

Producer Information (this section must be completed)

Name	
SSN	Email Address
Phone Number	Business Address
Fax Number	

IP Brokerage Use Only

Carriers Submitted/Tentative Offer: Formal App Received:

IMPORTANT: Please note this process is to be used to gather information on a proposed insured's medical history and other factors that may impact the underwriting process. This is not an application for insurance and in no way guarantees a specific underwriting class or binds any insurance coverage with any insurance carrier. Any final offer of insurance may differ from tentative offers received. Please contact our office for details at 800.605.8988.