B U I L D   Q U E S T I O N N A I R E

Agent: Phone: Fax:

Proposed Insured Name: ____________________________________ ❐ M ❐ F Date of Birth: ______________________
Face Amount: _____________________ Max. Premium: $__________/year ❐ UL ❐ WL ❐ Term ❐ Survivorship
Do you currently smoke cigarettes? ❐ Y ❐ N If no, did you ever smoke: ❐ Never ❐ Quit (Date): ________________________
Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ❐ Y ❐ N
If Yes, please provide details:____
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____________________________________

(1) History of weight:

Height: __________

Highest weight ever:

_______ Date: ______

	Weight	Cause for gain or loss, if known
Current		
3 Months Ago		
6 Months Ago		
1 Year Ago		
2 Years Ago		
5 Years Ago		
10 Years Ago		

(2) Family history:

	Age (if living)	Age at death	Cause of death if deceased:	History of heart disease or circulatory disorder?	History of cancer (all types)?
Mother				❐ Yes ❐ No	❐ Yes ❐ No
Father				❐ Yes ❐ No	❐ Yes ❐ No
Sister(s)				❐ Yes ❐ No	❐ Yes ❐ No
Brother(s)				❐ Yes ❐ No	❐ Yes ❐ No

(3) Are any medications taken for any reason?

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(4) What is the proposed insured's blood pressure?

Date:			
Systolic/Distolic			

(5) What is the proposed insured's cholesterol? LDL ("bad" cholesterol): __________ HDL ("good" cholesterol): _____________

(6) Does the proposed insured have any other medical conditions, such as diabetes or heart disease? If yes, please list:

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