

# Proposed Insured Risk Evaluation

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male  Female

Tobacco Usage: Yes  No

If yes, last usage & type: \_\_\_\_\_

High Blood Pressure: Yes  No  If "yes," Explain: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_ How Long: \_\_\_\_\_

Current Meds: \_\_\_\_\_

Elevated Cholesterol: Yes  No  If "yes," Explain: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_ How Long: \_\_\_\_\_

Current Meds: \_\_\_\_\_

Medical Conditions of Concern: (Please provide diagnosis, date of diagnosis, and treatment)

\*Additional questionnaires may be necessary

Condition 1, Explain in Detail: \_\_\_\_\_

\_\_\_\_\_

Condition 2, Explain in Detail: \_\_\_\_\_

\_\_\_\_\_

Condition 3, Explain in Detail: \_\_\_\_\_

\_\_\_\_\_

Current Medications and Dosages: \_\_\_\_\_

\_\_\_\_\_

Moving Violations: (in the last 5 years)

DUI: Yes  No  If yes, provide dates: \_\_\_\_\_

Speeding Tickets: Yes  No  If yes, provide dates: \_\_\_\_\_

Accidents: Yes  No  If yes, provide dates: \_\_\_\_\_

Family History

	Age if Living?	Cause of Death?	Age at Death?
Father			
Mother			
Siblings			

Have you recently, or do you intend to live or travel outside the U.S. within the next 12 months? Explain in detail.

\_\_\_\_\_

In the past 5 years have you participated or do you intend to participate in any of the following activities?

Aviation  Racing  Sky Diving  Scuba Diving  Mountain Climbing  Military