

CLASSIFICATION QUESTIONS

Agent's Name _____ Agent's Phone _____ Fax/E-mail _____

Client Name		D.O.B.	Citizenship
Height ____ ft. ____ in.	Weight _____ lbs.	Sex () Male () Female	Purpose of Insurance (Business/Personal - Income RPL, Buy/Sell, etc.)
Plan of Insurance / Amount Desired () Term () UL \$ _____		Anticipated Premium \$ _____ Class: Super-Preferred Preferred Super Standard Standard	

- Lost weight in last year? () Yes () No How much: _____ lbs.
- Tobacco use in any form? () Yes () No If yes, give form and frequency: _____
- Recently stopped using tobacco? () Yes () No If yes, when: _____
- Adverse motor vehicle report? () Yes () No If yes, please detail: _____
- Any family history of disease? () Yes () No If yes, list family member , age if living or age at death and cause (heart disease, vascular disease, cancer)
Adopted? () Yes

- High blood pressure or elevated cholesterol? () Yes () No If yes, current reading: BP _____ / Chol _____
Highest reading: BP _____ / Chol _____ HDL reading or ratio: _____
- Ever been hospitalized? () Yes () No If yes, please detail: _____

- Any history of the following? (check all that apply)
- () Cancer history If yes, date diagnosed? _____ Stage of cancer at diagnosis? _____
- () Diabetes history If yes, date diagnosed? _____ Last A1C reading? _____
- () Alcohol or drug abuse history If yes, date diagnosed? _____ Last date of in-treatment? _____
- () Heart history / condition Heart attack - date? _____ By-pass - how many vessels and date? _____
- () Sleep apnea If yes, date diagnosed? _____ On CPAP? _____
- Does the client have foreign travel plans? () Yes () No If yes, when, where and for what duration? : _____

- Does the client participate in aviation or hazardous activities? () Yes () No If yes, details: _____

- Has the client had a routine medical check-up within the past year? () Yes () No If yes, () Normal () Other _____
- List other illnesses or impairments: _____

- List any prescribed medications taken (include dosage and frequency): _____

The above information is for preliminary underwriting purposes only and will not be made part of any contract.

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Insurance for Generations

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