

Life Underwriting Questionnaire

FULL NAME: _____ GENDER: (M) (F)
DATE OF BIRTH _____ BIRTH STATE _____
RESIDENTIAL ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____ CELL _____
EMAIL ADDRESS: _____
SOCIAL SECURITY NUMBER _____
TYPE OF CITIZENSHIP: () US CITIZEN () NON RESIDENT US CITIZEN () OTHER
TYPE OF GOVERNMENT ID: () U.S. DRIVER'S LICENSE () PASSPORT () OTHER
ID NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

Have you used tobacco or other nicotine containing products within the last 24 months? () Yes () No () Not sure
Have you ever been convicted of a felon, or are you currently on parole or probation: () Yes () No () Not sure
Have you been found at fault in a motor vehicle accident or moving violation in last 3 years? () Yes () No

OCCUPATION AND JOB DUTIES _____
EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
EARNED INCOME: _____ UNEARNED INCOME: _____ NET WORTH _____
RECENT/ANTICIPATED FOREIGN TRAVEL? _____ IF SO, DETAILS: _____
RECENT/ANTICIPATED MILITARY INVOLVEMENT? _____ IF SO, WHAT? _____
RECENT/ANTICIPATED AVIATION EXPERIENCE? (i.e. pilot, student pilot, crew member) _____
RECENT/ANTICIPATED AVOCATION PARTICIPATION/ (e.g. extreme sports) _____

PHYSICIAN NAME: _____
PHYSICIAN ADDRESS: _____
DATE LAST SEEN AND WHY _____
HT _____ WEIGHT _____ MEDICATIONS: _____

BENEFICIARY: _____
(Include name, address, social security #, date of birth and relationship to insured)

ANY OTHER LIFE INSURANCE? _____
(Include company, policy number, issue date, face amount, personal or business)

EXTRA INFORMATION YOU THINK WE SHOULD KNOW:

Return to: staff@cangany.com
Or fax to 317-826-2465