



APPEL INSURANCE ADVISORS LLC

DAVID E. APPEL CLU, ChFC, AEP®

Managing Partner

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Pre-Underwriting Questions

Confidential Personal History

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Cell# _____

Email Address: _____

SS#: _____ - _____ - _____ Height: _____ Weight: _____ Date: _____

Heart: Diagnosis/Episode Date: _____

Treatment: _____

Cancer: Diagnosis/Episode Date: _____

Treatment: _____

Other: Diagnosis /Treatment Date: _____

Treatment: _____

Blood Pressure: most recent reading/ medication details _____

Cholesterol: total level and ratio/medication details _____

One Gateway Center, Suite 305, Newton, MA 02458

TEL
(617) 332-7900

FAX
(617) 527-0681

www.AppelAdvisors.com

ESTATE PLANNING STRATEGIES | CORPORATE & EXECUTIVE BENEFITS | LIFE, DISABILITY, HEALTH & LONG TERM CARE INSURANCE | ANNUITIES | MA LICENSED INSURANCE ADVISOR

REGISTERED REPRESENTATIVE/SECURITIES OFFERED THROUGH SIGNATOR INVESTORS, INC., 138 RIVER ROAD, SUITE 310 ANDOVER, MA 01810. (978) 689-9303

APPEL INSURANCE ADVISORS, LLC IS INDEPENDENT OF SIGNATOR INVESTORS, INC.



APPEL INSURANCE ADVISORS LLC

Other Medications and Purpose: _____

Ever Smoke: Yes No if so, last used / product _____

Driving History: dates/details any moving violations in last 2 years: _____

Foreign Travel: details for past/next 24 months _____

Substance Abuse History: _____

Avocation Participation: scuba, aviation, rock climbing, etc. _____

Family History

Mother: Current age: _____

Age at death: _____

Medical Condition(s) and Date of Onset: _____

Father: Current age: _____

Age at death: _____

Medical Condition(s) and Date of Onset: _____

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APPEL INSURANCE
ADVISORS LLC

Sibling(s): Current age(s): _____

Age(s) at death: _____

Medical Condition(s) and Date of Onset: _____

Primary Care Physician: Name: _____

Address: _____

Phone Number: _____

Medical Specialists: Name _____

Address _____

Phone _____

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