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: _____ Country of Citizenship _____

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_____

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Other Medications and Purpose: _____

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

Marijuana Use: Yes No if so, last used/frequency _____

Alcohol Use: Yes No if so, last used/frequency/type _____

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: _____

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Age at death: _____

Medical Condition(s) and Date of Onset: _____

_____

Father: Current age: _____

Age at death: _____

Medical Condition(s) and Date of Onset: _____

_____

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

Age(s) at death: _____

Medical Condition(s) and Date of Onset: _____

_____

Primary Care Physician: Name: _____

Address: _____

Phone Number: _____

One Gateway Center, Suite 915, Newton, MA 02458 TEL (617) 332-7900 FAX (617) 904-2684 www.AppelAdvisors.com

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Medical Specialists: Name _____

Address _____

Phone _____

Medications: Name_____ Dosage_____ Reason _____

Prescribing Doctor _____

Address/Phone_____

Name_____ Dosage_____ Reason _____

Prescribing Doctor _____

Address/Phone_____

Name_____ Dosage_____ Reason _____

Prescribing Doctor _____

Address/Phone_____

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Preference to discuss medical and financial information PHONE EMAIL

Employment

Company Name _____

Title _____

Duties _____

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