



# EQUITY BROKERAGE, INC.

## Field Underwriting Questionnaire—General Purpose

| Applicant Information: |                      |
|------------------------|----------------------|
| Name:                  | Build (Ht/Wt):       |
| DOB:                   | Tobacco Use History: |
| Coverage Amount:       | Plan (Term or Perm)  |

| Health History:  |  |
|--|--|
| <input type="checkbox"/> Yes Any <u>family history</u> (parents or siblings) of heart disease or cancer, prior to age 60?<br><input type="checkbox"/> No | Details:                                     |
| <input type="checkbox"/> Yes Any significant weight loss, of more than 10 lbs, in the past 12 months?<br><input type="checkbox"/> No                     | Details:                                     |
| <input type="checkbox"/> Yes Any history of diabetes, hypoglycemia, or other blood sugar abnormalities?<br><input type="checkbox"/> No                   | Date/age of diagnosis<br>Rx:<br>A1c reading: |
| <input type="checkbox"/> Yes Any history of hypertension, heart disease or any cardio/vascular disease?<br><input type="checkbox"/> No                   | Details:<br>Avg bp reading:                  |
| <input type="checkbox"/> Yes Any history of elevated cholesterol lipids or elevated liver function tests?<br><input type="checkbox"/> No                 | Details:<br>Chol/HDL ratio:                  |
| <input type="checkbox"/> Yes Any history of depression, anxiety or other mental nervous disorder?<br><input type="checkbox"/> No                         | Details:<br># of Rx:                         |
| <input type="checkbox"/> Yes Any other Rx, significant health issues, recent surgeries, hospitalizations or ER visits?<br><input type="checkbox"/> No    | Details:                                     |

| Lifestyle information:  |                       |
|---|-----------------------|
| <input type="checkbox"/> Yes Do you participate in any hazardous sports, activities, occupation that may be hazardous?<br><input type="checkbox"/> No     | Details:              |
| <input type="checkbox"/> Yes Have you had two or more moving violations in the past 2 yrs, or DUI/wreckless in past 5 yrs?<br><input type="checkbox"/> No | Dates and/or Details: |
| <input type="checkbox"/> Yes Do you have a regular exercise program 30 minutes or more, at least 3 times/week?<br><input type="checkbox"/> No             | Details:              |

Please contact us with any questions or needed assistance.

888-763-9701 / 704-375-0555 / 704-375-5802 fax

1230 W Morehead Street, Suite 208 / Charlotte / NC / 28208 / [www.EquityBrokerage.com](http://www.EquityBrokerage.com)