

SecureLife Preliminary Underwriting Questionnaire

BUILD

General: We are able to offer on many substantially overweight individuals. To obtain a preliminary opinion as to whether your client will be insurable, please complete the following brief questionnaire and fax (416-322-6846) or email (info@hunmcc.com) it to us.

Client name (optional): Age or Birthdate:

Height: Weight: ? Male ? Female Smoker: ? Yes ? No

Weight 1 year ago: If gain/loss > 10 lbs., reason

Maximum weight during adult life: When?

Have any of your immediate family members (parents, brothers, sisters) had coronary artery disease, diabetes or other hereditary disease? If so, provide details including family member, illness, age at onset of illness and, if applicable, age at death:

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Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary, or complete the appropriate questionnaire:

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Advisor name: _____ email: _____

Advisor telephone: _____ Today's date: _____