BROOKFIELD PARTNERS

Build Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. Has the proposed insured's weight changed in the past year?

☐ No ☐ Yes — increase ☐ Yes — decrease

If yes, provide the amount of weight change in pounds:

2. Has the proposed insured ever had any weight reduction surgery? ☐ Yes ☐ No

If yes, provide the date, type of surgery and details:

3. Has the proposed insured had any of the following? (Check all that apply.)

☐ Coronary artery disease ☐ Diabetes ☐ High blood pressure

☐ Elevated cholesterol or triglycerides

If any of the above are checked, the specific questionnaire may also be requested.

4. Has a stress electrocardiogram (treadmill test) been completed within the past year?

☐ Yes — normal ☐ Yes — abnormal ☐ No

If yes, provide the date of the test:

5. Are there any other health issues? ☐ Yes ☐ No

If yes, provide details. Additional questionnaires may be required.

6. Is the proposed insured currently taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)