BROOKFIELD PARTNERS

General 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:

Any existing insurance in force? ☐ Yes ☐ No

If yes, is it being replaced? ☐ Yes ☐ No

QUESTIONNAIRE

1. What is the impairment?

2. When was the proposed insured first diagnosed?

3. Has there been any treatment? ☐ Yes ☐ No

If yes, provide complete details of treatment:

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

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

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

If yes, please give details. (Additional questionnaires may be required.)

6. Any family history (parent, sibling, etc.) of health impairments? ☐ Yes ☐ No

If yes, provide complete details including impairment, relation, age of onset, and age at death (if applicable):