BROOKFIELD PARTNERS

Personality Disorders 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. When was the proposed insured first diagnosed?

2. Which type of personality disorder has been diagnosed? (Check all that apply.)

☐ Antisocial ☐ Narcissistic ☐ Borderline

☐ Histrionic ☐ Paranoid ☐ Dependent

☐ Schizoid ☐ Obsessive compulsive ☐ Schizotypal

☐ Avoidant

3. Has the proposed insured been hospitalized for a psychiatric illness? ☐ Yes ☐ No

If yes, provide the dates and details:

4. Does the proposed insured have any of the following associated conditions? (Check all that apply.)

- ☐ Substance abuse (alcohol or drugs)
- ☐ Mood disorder such as depression
- ☐ Suicidal thought or attempt
- ☐ Other psychiatric disorder

Provide details for each condition checked:

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)