EMG
Insurance Brokerage

Client's State of Residence: _____

MANDATORY INITIAL QUESTIONNAIRE

Agent: _____ Phone: _____ Email: _____

Proposed Insured Name: _____ ☐ M ☐ F Date of birth: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐ UL ☐ WL ☐ Term ☐ Survivorship

Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Has the proposed insured experience a change in weight greater than 10 lbs in the last 12 months?
☐ Yes / No ☐ If Yes, please specify pounds gained/lost and why: _____

Do you currently have, or have you EVER had, a history of any of the following?
Please check ALL that apply and complete additional forms:

- ☐ Alcohol / Drug Abuse / Treatment
- ☐ Artery / Vein / Heart Disorders
- ☐ Arthritis
- ☐ Asthma / Emphysema / Lung Disorders
- ☐ Autoimmune Disorders
- ☐ Blood Disorders
- ☐ Brain / Nervous System Disorders
- ☐ Cancer / Tumor / Polyp
- ☐ Criminal Record
- ☐ Dangerous Avocation / Hobby
- ☐ Diabetes / Elevated A1C
- ☐ Driving Record
- ☐ Emotional / Psychological Disorders
- ☐ Foreign Travel
- ☐ Gastrointestinal / Digestive Disorders
- ☐ Heart Attack
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Liver / Pancreas Disorders
- ☐ Liver Enzymes
- ☐ Marijuana / CBD Use
- ☐ Multiple Sclerosis
- ☐ Muscular / Bone / Joint Disorders
- ☐ Paralysis
- ☐ Parkinson´s / Alzheimer´s / Memory Loss
- ☐ Prostate / Kidney / Bladder Disorders
- ☐ Seizures
- ☐ Sleep Apnea
- ☐ Stroke / TIA
- ☐ Other:

_____
_____
_____

Please list all medications currently taken or taken in the last 10 years:

Name of medication (prescription or otherwise)	Dates used	Dosage	Frequency taken

Please provide any additional information: _____

_____

_____

_____