



Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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.

**(1) Date of diagnosis:** \_\_\_\_\_

**(2) Type of lung disease diagnosed with Chronic Obstructive Pulmonary Disease (COPD):**

Asthma  Chronic Bronchitis  Emphysema  Restrictive lung disease  Other: \_\_\_\_\_

**(3) Has the proposed insured ever been hospitalized for the condition?**  No  Yes Date(s): \_\_\_\_\_

**(4) Is the proposed insured taking medications (incl. inhalers and oxygen)?**  No  Yes If yes, please give details:

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

**(5) Has a pulmonary function test (breathing test) ever been done?**  No  Yes

If yes, please provide most recent date: \_\_\_\_\_ Are any test results known? \_\_\_\_\_

**(6) What is the proposed insured's build?** Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**(7) Has a Chest X-ray been done?**  No  Yes Date: \_\_\_\_\_ Findings: \_\_\_\_\_

**(8) Has a ECG been done recently?**  No  Yes Date: \_\_\_\_\_ Findings: \_\_\_\_\_

**(9) Are there any other medical conditions affecting the proposed insured?** If yes, please describe in detail below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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