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Underwriting Informal General Inquiry Form

Client Name: _____ Agent _____

Height: _____ Weight: _____ Weight loss within past year _____ lbs DOB: _____

Have you used tobacco or any form of nicotine in any form in the last 10 years? If yes, indicate type used and date last used. Yes _____ No _____

Are you taking medications or drugs. If yes, explain. Yes _____ No _____

Have you had any parent or sibling to die from cancer, stroke or cardiac disease before age 60? If yes, explain. Yes _____ No _____

In the past 7 yrs. have you had, been told you had or been treated for:

Dizziness, Headaches, Seizures, Convulsions, stroke, memory loss or any disease of the brain or nervous system? Yes _____ No _____

Depression, Anxiety or any psychological or emotional condition or disorder? Yes _____ No _____

Shortness of breath, asthma, emphysema, COPD or any lung or respiratory disorder? Yes _____ No _____

Hepatitis, chest pain, irregular heartbeat, murmur, heart attack or any disorder of the heart or blood vessels? Yes _____ No _____

Diabetes (sugar), albumin, STD or any disorder of the kidney, bladder, prostate or reproductive organs, thyroid or endocrine disorder? Yes _____ No _____

Cancer, tumor, polyp, or disorder of the lymph glands or breasts? Yes _____ No _____

Anemia or any disorder of the blood? Yes _____ No _____

Rheumatoid arthritis or any disorder of the muscles, bones, joints or spine? Yes _____ No _____

Persistent or unexplained fatigue, fever or illness? Yes_____ No_____

Sought, received, recommended treatment for use of alcohol or drugs (marijuana, cocaine, heroin, amphetamine, hallucinogens, tranquilizers, sedatives, narcotics, legally prescribed drugs)? Yes_____ No_____

In the past 10 yrs. have you ever USED any of the abovedrugs? Yes_____ No_____

Has a member of the medical profession ever diagnosed you as having or treated you for Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or HIV Virus? Yes_____ No_____

Have you ever been declined, postponed or rated on ANY prior insurance consideration submissions? Yes_____ No_____

Have you ever participated in aviation (pilot/crew member, scuba diving, mountain climbing, auto racing, hang gliding, ballooning, parachuting, or any other hazardous avocation? Yes_____ No_____

Have you had two or more moving violations including DUI or Reckless Driving? Yes_____ No_____

Are you a citizen of the U.S. (including Puerto Rico) or Canada? Yes_____ No_____

If no, please provide residency status details (green card, visa type).

Have you participated in any foreign travel or do you anticipate any foreign travel in the next year? Yes_____ No_____

If yes, please explain providing location, dates and duration.

Thank you for your submission. If any of the above questions have been answered yes, the underwriting team will contact you to complete the required supplemental questionnaire and/or underwriting recommendation.