



PREFERRED RISK QUESTIONNAIRE
Global Insurance Resources Group Inc.
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE DETAIL THE CLIENT'S MEDICAL HISTORY:

FATHER'S AGE IF LIVING _____ OR AT THE TIME OF DEATH AND CAUSE

MOTHER'S AGE IF LIVING _____ OR AT THE TIME OF DEATH AND CAUSE

SIBLING'S AGE IF LIVING _____ OR AT THE TIME OF DEATH AND CAUSE

SIBLING'S AGE IF LIVING _____ OR AT THE TIME OF DEATH AND CAUSE

2. DETAIL THE CLIENT'S MEDICAL HISTORY (CHECK ANY APPLICABLE)

- [] CANCER HISTORY
- [] HEART HISTORY / CONDITION
- [] DIABETES HISTORY

3. HAS THE CLIENT HAD A STANDARD CHECKUP WITHIN THE LAST YEAR?

[] NO [] YES, PLEASE DETAIL

[] MARRIED [] SINGLE [] DIVORCED [] WIDOWED

4. DOES THE CLIENT CURRENTLY TAKE ANY MEDICATIONS?

[] NO [] YES, IF YES, PLEASE LIST TYPE AND AMOUNTS

5. DOES THE CLIENT EXERCISE THREE OR MORE TIMES PER WEEK?

[] NO [] YES, PLEASE DETAIL

6. DOES THE CLIENT TAKE VITAMINS?

[] NO [] YES, PLEASE DETAIL

ALCOHOL OR DRUG ABUSE HISTORY
 HIGH BLOOD PRESSURE, IF YES, PLEASE
DETAIL:
CURRENT READING _____

HDL READING OR RATIO _____

TYPE OF TREATMENT _____

ELEVATED CHOLESTEROL HISTORY, IF
YES, PLEASE DETAIL:
CURRENT READING _____

HDL READING OR RATIO _____

TYPE OF TREATMENT _____

ELECTROCARDIOGRAM (EKG), IF TAKEN
WITHIN THE LAST YEAR:
RESULTS: NORMAL
 OTHER _____

STRESS EKG OR THALLUM, IF TAKEN
WITHIN PAST YEAR, DETAIL:
RESULTS: NORMAL
 OTHER _____

SIGMOIDOSCOPY IF TAKEN WITHIN PAST
YEAR, DETAIL:
RESULTS: NORMAL
 OTHER _____

PROSTATE EXAM, IF TAKEN WITHIN THE
PAST YEAR, DETAIL:
RESULTS: NORMAL
 OTHER _____

MAMMOGRAM, IF TAKEN WITHIN THE
PAST YEAR, DETAIL:
RESULTS: NORMAL
 OTHER _____

7. HAS THE CLIENT RECEIVED ANY DRIVING
VIOLATIONS DURING THE PAST THREE
YEARS?
 NO YES, PLEASE DETAIL DATE AND TYPE

8. DOES THE CLIENT PARTICIPATE IN
AVIATION/ AVOCATION ACTIVITIES?
 NO YES, PLEASE DETAIL DATE AND TYPE

9. CLIENT'S OCCUPATION _____

10. PLEASE LIST ANY OTHER IMPAIRMENTS
OR ILLNESSES ; ALONG WITH ANY AND ALL
MEDICATIONS CURRENTLY BEING TAKEN,
INCLUDE THE DOSAGE AND FREQUENCY OF
EACH:

