Johnny Huang, Lic 0D91215
Fax to: 925-945-8802

General Purpose Questionnaire for Life Insurance

Name:_____ **Date of birth:** _____

Gender: M / F height:_____ **weight:**_____

Smoker? Y / N Insurance Face Amount: _____ **Target Premium:** _____

Insurance Type: TERM or Permanent: UL / WL Simplified (or Non-Med): Y / N

1. **Please list any illness:**_____
   _____
   a. **Provide Details:**
      _____
      _____

2. **Please provide Month and Year the Illness was Diagnosed:**_____

3. **What type of treatment was administered?**
   a. **Surgery month/year:** _____
   b. **Medication (list)**_____
   c. **Other Treatment Type:** _____

4. **When was the last time you visited a physician about this disorder?**
   a. **0-6 months?**
   b. **6-12 months?**
   c. **12-24 months?**
   d. **Over 24 months?**

5. **Please list last cholesterol reading (if known):**_____

6. **Please let last blood pressure reading (if known):**_____

7. **Do you regularly exercise 3 or more times per week?:** _____

8. **Please list any other illness or impairment:**
   _____

9. **Please list all medications currently being taken:**
   _____
   _____

Agent Name: _____ **Phone:** _____

Email: _____