



INSURANCE & FINANCIAL SERVICES, INC.®

"Helping Build Wealth"®

Field Underwriting Form

For more information on qualifying your clients prior to writing the application, call 1-800-473-3856 or visit www.hbwinc.com. Upon completion please go to www.hbwinc.com for life product details and underwriting guidelines for individual rate classes. This form is to be used for field underwriting only.

A—Client's Information

Client Name (First and Last): _____ Client Phone Number: _____
Client Age: _____ Client DOB: _____
Client Sex: _____ Client Weight: _____
Client Height: _____

B—General Underwriting Questions

What type of insurance is desired? [] Term [] Universal [] Whole Life
If you selected Term, what is the desired term length? _____
What is the desired face amount? _____
Has your client ever used any form of tobacco or other nicotine products? [] Yes [] No

If yes, please list the type, frequency, and amount of tobacco used:

Has your client ever had or been made aware of any of the following (check all that apply):
[] Cancer
[] Heart Problems
[] Hepatitis
[] HIV or AIDS
[] Stroke
[] Mental Health Problems
[] Diabetes
[] Alcoholism or Drug Abuse
[] DWI, DUI, or other alcohol related legal problems

If you checked any of the above selections, or if your client has had any serious diseases or injuries, please give details:



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B—General Underwriting Questions (Cont'd)

Client's Blood Pressure Level
(If Known): _____

Blood Pressure Level
Last Checked: _____

Client Cholesterol Level
(If Known): _____

Cholesterol Level
Last Checked: _____

Is your client currently using any medications? If so, what is their purpose? Please give names and dosages:

Have you been hospitalized in the last 5 years? If so, what for?:

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Family History:	Father	Mother	Brothers/Sisters
Age if living:			
State of health or cause of death:			
Age at death:			

Has your client recently been rated or declined for coverage? Yes No

If yes, why?:

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Do you plan to travel or reside outside the U.S.A. or Canada within the next 2 years? If yes, where?

Do you participate in any high-risk activities such as aircraft pilot, SCUBA diving, spelunking, rock climbing, racing, etc.? If yes, give details:
