

FERNEDING INSURANCE
LIFE INSURANCE HEALTH HISTORY QUESTIONNAIRE

Applicant Name: _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Best time to contact: _____

Date of Birth: ____/____/____ Height: ____ feet ____ inches Weight: _____ pounds

- **Tobacco use:** Have you **EVER** used tobacco or nicotine products in any form? YES NO
 If YES, please provide details:

Product(s)	Frequency/ Amount	Date Last Used

MEDICAL CONDITIONS:

Other than regular "check ups" have you visited a physician, clinic or hospital for any reason in the last five years? YES NO

Condition or Diagnosis	Date of Onset	Prognosis

MEDICATIONS CURRENTLY TAKING:

Medication	Dosage	Frequency	Diagnosis	Onset

FAMILY HISTORY:

Has a **parent or sibling** ever been diagnosed or treated by a member of the medical profession for heart or kidney disease, stroke, diabetes, cancer, melanoma, suicide, Huntington's Disease, Sickle Cell Disease or Familial Adenomatous Polyposis(FAP)? YES NO
 If YES, give details below.

	Medical Condition	Age at Onset/Event	Age If Living	Cause of Death	Age at Death
Father					
Mother					
Brothers					
Sisters					

- Do you hold a current pilot license, or have you in the past 5 years flown, or within the next 2 years do you intend to fly, other than a passenger in any type of aircraft? YES NO
- Have you in the past 2 years engaged in, or within the next 2 years do you intend to engage in activities such as hang gliding, hot-air ballooning, ultra-light flying, heli-skiing, mountain, ice or rock climbing, cliff or base jumping, motor vehicle racing, motorcycle or any other motorized land or water vehicle racing, or scuba or sky diving? YES NO
- Do you intend to travel outside the U.S. or Canada, or change your country of residence in the next 12 months? YES NO

What amount(s) of insurance do you want quoted? _____

What term(s)? 10 years 15 years 20 years 30 years Whole/Universal Life