Life Insurance Questionnaire

Agent ______Ken Dicken, Business Director__________________________ State/Zip KY 40241
Phone________502-327-0151_____ Fax 502-327-8566 Email **ken-dicken@dicken.com**

Client Name_________________________________ **DOB** _______ **Height** ______ **Weight** ________

Address ___________________________________ **City** _________________ **State/Zip**____________

Phone__________________ **Fax** _______________ **Cell**_________________ **Email**___________________

Are you a US Citizen? ____

Have you ever used any form of tobacco? ____
If so, when______________**what**____

Date & reason of last doctor visit____

Current Medications – list all taking along with the condition each prescribed for, length of time taken, frequency, and dosage.
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For the following questions, if "Yes", please provide details below.

Have you ever been treated or diagnosed with any of the following:

_____**Heart Disease**	_____**Stroke**	_____**COPD**	_____**Cancer**
_____**Diabetes**	_____**Lupus**	_____**MS**	_____**Asthma**
_____**Sleep Apnea**	_____**Arthritis**	_____**Alcohol Abuse**	
_____**Drug Abuse**	_____**High Blood Pressure**	_____**Depression**	

Do you do any foreign travel?____
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____

Do you participate in flying (airplanes, helicopters, hot air balloons, etc.), scuba diving, or racing? _
____

Have you ever been rated or declined for insurance? Why?____________________________________
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Has any member of your family (parent or sibling) been treated for cancer, heart disease, or any cardiac related condition prior to age 60?____
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Please provide details to any questions above.____
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