



Please email completed form to ehinerman@hinermangroup.com
OR fax to 719-539-6542
webform

Name _____ Male Female

Phone Number _____ Email

Resident City and State _____ Zip _____

Date of Birth _____ Height _____ Weight _____

Any weight change in the last year? Yes No Amount _____

Amount of coverage and term length? _____

Are you a tobacco user? Yes No Quit? Yes No

Type _____ Amount _____ Month/year Quit _____

Have you ever been treated for or been told you had: (Please check all conditions that apply)

- 1) Convulsions, epilepsy, paralysis, mental or nervous disorder?
- 2) Chest pain, high blood pressure, heart murmur, heart attack, stroke, cholesterol, or disorder of the heart or circulatory system?
- 3) Asthma, emphysema, bronchitis, tuberculosis, sleep apnea, or chronic respiratory disease?
- 4) Jaundice, intestinal bleeding, ulcer, chronic colitis, diverticulitis, or other liver or gastro-intestinal disorder?
- 5) Complicated pregnancy, hysterectomy, disorder of the breast or female organs?
- 6) Disease of the kidney, bladder, prostate, sugar or protein in the urine?
- 7) Loss of vision, amputation, deformity, arthritis, or any disorder of the muscles, bones or joints?
- 8) Cancer, tumor, diabetes (will need current A1C reading), or glandular disorder?
- 9) Treated for drug addiction, alcoholism, or been a member of AA?
- 10) In the past 10 years, have you been treated for AIDS or AIDS related complex?

Do any of the following apply? (Please check all that apply)

- 11) Had a parent, brother, or sister who had cancer, diabetes, heart disease or who committed suicide? (Please list age of onset and/or death)
- 12) In the past five years, have you participated in or do you intend to participate in: any flights as a trainee, pilot or crew member, scuba diving or parachuting, ultra light aviation, auto racing, cave exploration, hang gliding, boat racing, mountaineering, extreme sports, or other hazardous activities? (Please provide full details below, such as hours, ratings, equipment used, etc).
- 13) in the past five years, have you ever had any traffic violations?
- 14) Ever been charged with or convicted of a DUI, reckless driving, or had your license revoked or restricted?
- 15) Are you currently on any prescription medication? (Please list all, including dosage)
- 16) Do you travel or intend to travel outside the US or Canada, for business or pleasure? (Please provide city, country, reasons and length of stay)
- 17) In the past five years, have you filed for bankruptcy or had any judgements or liens against you?

Details (Please be very specific to all checked answers above):

*Use additional pages if necessary!!!

Question #	Year of diagnosis or treatment: Details or reasons:

*****This is NOT an application for life insurance. The following is to be used as a qualifying tool. This is not a promise of insurance.