



PRE-UNDERWRITING GUIDE

AGENT INFORMATION

Name: _____

Phone: _____ Email: _____

CLIENT INFORMATION

Name: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Type of Coverage: _____

Coverage Amount: _____ Anticipated Premium: _____

UNDERWRITING QUESTIONS

Yes No Do you, or have you ever used tobacco? If yes, please provide detail:

Quantity: _____ Frequency: _____

Form: _____ Last Used: _____

Yes No Have you seen a doctor in the last five years? If yes, please provide detail:

Reason: _____

Date of Last Visit: _____

Yes No Are you taking any prescribed medications? If yes, please provide detail:

Name of Medication	Dosage	Reason

Yes No Do any immediate family members (parents/siblings) have a history of:

Cancer Diabetes Cardiovascular Disease

Stroke Kidney Disease Suicide

PRE-UNDERWRITING GUIDE continued

Yes No

Have you had citations for DUI, reckless driving, or any moving violations in the past five years? If yes, please provide detail:

Yes No

Have there been any private pilot activities in the past three years or planned for the future? If yes, please provide detail:

Yes No

Have there been participation in hazardous avocation or sport in the past three years or planned for the future? If yes, please provide detail:

Yes No

Have you traveled outside the U.S. in the past two years or are there planned future trips outside the U.S.? If yes, please provide detail:

Please let us know any further details or notes about this client:

Return the completed form to
wfp-help@wentworthfp.com

Call us with questions at
(855) 757-5433