CPS INSURANCE SERVICES

CPS Insurance Services – Life Insurance Pre-Screening

This guide is designed to assist you with gathering pertinent impairment information regarding your client prior to writing an application.

PROPOSED INSURED'S NAME: _____ DATE OF BIRTH:_____ ☐ MALE ☐ FEMALE
AMOUNT REQUESTED: _____ PLAN (TERM, UL, WL, IUL):_____
AGENT'S NAME:_____AGENT'S EMAIL:_____ AGENT'S PHONE:_____

CLIENT HEALTH QUESTIONS - PRIOR TO WRITING AN APPLICATION
Have you had, or do you have, any of the following: ☐ Diabetes ☐ Cancer ☐ Heart problems ☐ Hepatitis ☐ Stroke ☐ Mental health problems ☐ Alcoholism/DUI ☐ HIV ☐ Other _____ Comments?_____ Please complete a separate quick quote questionnaire if any of these impairments are checked off.
Are you presently taking any medications? ☐ Yes ☐ No If so, what are they?
Are you a smoker or do you use any other nicotine product? ☐ Yes ☐ No If yes, what form of nicotine do you use? ☐ Cigarette ☐ Cigar ☐ Pipe ☐ Tobacco Chew ☐ Nicorette gum ☐ Other_____ Quantity and Frequency? Date last used?
Have you been hospitalized in the last 5 years? ☐ Yes ☐ No If so, what for and when?
Have any immediate relatives (mother, father, brother, sister) passed away prior to age 60? ☐ Yes ☐ No If so, what from?
Has a living member of your family had cancer or heart problems/stroke? ☐ Yes ☐ No Illness and at what age?
What is your height and weight?
Have you ever been rated or declined for insurance? ☐ Yes ☐ No If so, what were the details?
Do you participate in any special activities (Aviation, scuba, rock climbing, motorcycle racing, etc.) ☐ Yes ☐ No If so, what activities?
Have you recently traveled to a foreign country or have current plans to travel? ☐ Yes ☐ No If so, what are the details?