Preliminary Inquiry

Not an application for life insurance. This Preliminary Inquiry is used exclusively to gather specific information on a proposed insured's medical history and other factors that may impact underwriting and rating classifications.

ASH BROKERAGE

Date: _____ Advisor Name: _____ Advisor Phone: (_____) _____

Insured Name: _____ Date of Birth: _____

Earned Income: $_____ Unearned Income: $ _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ ❑ Male ❑ Female SS#: _____ DL#: _____

Any weight change (10 pounds or more) in the last year? ❑ Yes ❑ No If "YES," how much? _____

Reason for change: _____

Does insured currently use tobacco in any form (cigarettes, cigars, chewing tobacco, etc.)? ❑ Yes ❑ Past ❑ Never

If "YES,"please specify the form of tobacco and the quantity used: _____

If "PAST" what form and when did insured quit? _____

Please list all medication(s) including dosage:

MEDICATION NAME	DOSAGE	FREQUENCY	PURPOSE

Family history of insured's (parents and siblings): Indicate diagnosis of heart disease or cancer, age at diagnosis, and current age or age at death. If deceased, indicate cause of death: _____

Current blood pressure: _____ Current cholesterol level: _____ Ratio: _____ HDL: _____ LDL: _____

For the following, please complete the appropriate corresponding Preliminary Inquiry-Detail Form and submit along with this form.

Has the insured been treated for any of the following? *(check all that apply and provide initial treatment date)*

❑ Alcohol/Drugs _____ ❑ Diabetes _____ ❑ Lung Disorders _____

❑ Cancer _____ ❑ Hypertension _____ ❑ Sleep Apnea _____

❑ Cardiac _____ ❑ Depression _____ ❑ Other: _____

Ash Brokerage
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Fort Wayne, IN 46802
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Please list all doctors the insured has seen in the last five years:

NAME AND SPECIALTY	CITY, STATE	PHONE NUMBER	WHEN? / WHY?

Drug and Alcohol Usage

❑ Check here if this section is not applicable

Does insured currently drink alcohol? ❑ Yes ❑ No

Date of last consumption: _____

Note amount per week below:

- ❑ Beer: _____
- ❑ Wine: _____
- ❑ Liquor: _____

Did insured ever drink substantially more than at present? ❑ Yes ❑ No

If yes, when? _____

Note amount per week below:

- ❑ Beer: _____
- ❑ Wine: _____
- ❑ Liquor: _____

Has insured ever consulted a doctor or received treatment because of alcohol use? ❑ Yes ❑ No

Has insured ever been arrested for driving under the influence of alcohol or drugs? ❑ Yes ❑ No

If yes, provide date(s): _____

Has insured ever sought medical treatment because of drug use or has drug use ever been a problem? ❑ Yes ❑ No

If yes, provide details: _____

Type of drug(s) used: _____ Date of last use: _____

Aviation, Avocation and Foreign Travel: Has the insured been involved in any of the following activities: foreign travel, aviation, sky diving, scuba diving, motor racing or any other hobby with unusual risk? (if "YES," please provide detail and an additional form will be provided) _____

Driving Record: How many moving violations has the insured received in the past three years? _____

Is insured a U.S. citizen? ❑ Yes ❑ No If "NO," please note immigration status: _____

Face amount: _____ Plan desired: _____ Amount in-force: _____

Has this case recently been submitted to another carrier or broker? ❑ Yes ❑ No

If "YES," what is the status or what was the outcome? _____

CURRENT OFFERS	CARRIER	PREMIUM	CLASS	DECLINE, WHY?

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