



Preferred Underwriting

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Client Height _____ Client Weight _____ Date of last routine physical _____

Plan _____

List health conditions below

Condition	Date Diagnosed	Medications	Treatment/Surgery

Family history (cancer, cardiovascular, diabetes diagnosis, or death in parents or siblings)

Relative	Diagnosis	Age of Diagnosis	Age at Death

Motor vehicle history (last 5 years)

List any other major health problems the client has

Questions?

Call McGill Brokerage at (800)-279-0751 ext. 233 for Dan Dahl, 210 for Tim Simmons, and 228 for Gary Kay. Email questions or completed forms to ddahl@mcgillbrokerage.com, tsimmons@mcgillbrokerage.com, and gkay@mcgillbrokerage.com.