

Full Name: _____ **Male or Female** **Date of Birth:** _____

Height: _____ **Weight:** _____ **Death benefit:** _____ **How many years:** _____

Tobacco Usage? yes or no

If so, How often do you use nicotine-based products? _____ Tobacco type: _____

Will you test negative for Nicotine? _____

Blood Pressure

What is your Systolic blood pressure level? _____

What is your Diastolic blood pressure level? _____

Are you taking any blood pressure medication? _____

Cholesterol Level

What is your cholesterol level? _____

What is your HDL Ratio? _____

Are you taking any cholesterol medication? _____

Family History

Have you had family members (parent or siblings) diagnosed with Cancer, prior to age 70?

If so:

Relationship: _____ Age of onset: _____ Circle one: Death or Diagnosis

Relationship: _____ Age of onset: _____ Circle one: Death or Diagnosis

Have you had family members (parent or siblings) diagnosed with Cardiovascular Disease, prior to age 70?

If so:

Relationship: _____ Age of onset: _____ Circle one: Death or Diagnosis

Relationship: _____ Age of onset: _____ Circle one: Death or Diagnosis

Medical History

What is the most severe medical condition, which you have been diagnosed? _____

Driving Record

How many times have you been convicted of DUI/DWI? _____

Month _____ Year _____

How many moving violations or reckless driving convictions have you had? _____

Month _____ Year _____

Alcohol/Substance Abuse

Do you have a history of, or have you ever been treated for alcohol or substance abuse? _____

If so:

how many years ago _____

did you require treatment? _____

Foreign Travel

Have you or do you plan on traveling outside the United States for either business or pleasure? _____

US Resident

Are you a permanent Citizen or Resident of the United States or Canada? _____

If so, how long have you been a permanent resident of the United States or Canada? _____

Hazardous Sports/Avocation/Aviation

Have you participated in any of the following below: _____

Automobile or Motorcycle racing/Ballooning/Bungee Jumping/Hang Gliding/Sky Diving/Piloting an aircraft/Scuba Diving

Please fill out completely for a firm quote and return to:

Solution One Insurance, LLC

Office: (713) 446-0335

info@solutiononeinsurance.com