REAL FINANCIAL TEXAS
OBED RIBERA
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Preliminary Underwriting Questionnaire

Name: ____

Address: ____

Phone Number: ______________________ Email Address: ______________________

DOB: ______________ Sex: ☐ Male ☐ Female Height: ____________ Weight: ____________

Do you currently use tobacco products? ☐ Yes ☐ No

If yes, what type of tobacco products: ______________________________

How often: ______________________ Quantity: ______________________

If no, have you ever used tobacco products in the past: ______________________

Type: ______________________ Last time of use: ______________________

How often: ______________________ Quantity: ______________________

Foreign Travel (Where / When):

Avocations / Hobbies:

Do you take any medications, if yes, please list:

Are you currently or have you ever been treated for the following conditions?

☐ Alcohol and or Drug Usage
☐ Kidney Transplant
☐ Cerebrovascular Accident / Stroke
☐ Paralysis / Spinal Cord Injury
☐ Coronary Bypass
☐ Rheumatoid Arthritis
☐ Driving Violations
☐ Systemic Lupus Erythematosus
☐ Hepatitis and Elevated Liver Functions
☐ Hypertension
☐ Cancer
☐ Other Illness
☐ Coronary Angioplasty
☐ Pulmonary Disease
☐ Diabetes
☐ Sleep Apnea
☐ Heart Conditions
☐ Build
☐ Multiple Sclerosis
☐ Chronic Lymphocytic Leukemia
☐ Parkinson's Disease
☐ Depression
☐ Sarcoidosis
☐ Heart Attack / Myocardial Infraction
☐ Ulcerative Colitis / Crohn's Disease

Have any immediate family members (parents, siblings) been diagnosed or died from heart disease or cancer?

☐ Yes ☐ No **If yes, please Provide the following Details:**

Relation: ______________________ Diagnosis: ______________________

Age of Onset: ______________________ (If deceased) Age of Death: ______________________

Signature: ______________________________ **Date:** ______________________