United Underwriters Inc.

General Questionnaire

Agent Name: _____ Phone #:_____ E-mail:_____

Client Name: _____ Date of Birth: _____ Sex: __Male / Female_____

Height: _____ Weight: _____ State: _____ Smoker: __Y / N__ Face Amount: _____

Type of Insurance: ___ Universal Life ___ Whole Life ___ Survivorship ___ Term (# of years _____)

Any existing insurance? ___ Yes ___ No If yes, is it being replaced: ___ Yes ___ No

---

1. What is the impairment? _____

2. When was the proposed insured first diagnosed? _____

3. Has there been any treatment? ____ Yes ___ No

   If yes, provide complete details of treatment: _____

4. Is the proposed insured current taking any medication(s)? ___ Yes ___ No

   If yes, provide name, dosage and frequency of medication(s) _____

5. Are there any other health issues? ___ Yes ___ No
   If yes, please give details: (additional questionnaires may be required) _____

6. Any family history (parent, sibling, etc.) of health impairments? ___ Yes ___ No
   Provide complete details, including impairment, relation, age of onset, and age at death (if applicable):

FAX or E-MAIL to Jeff at 603-778-7918 / jphilibotte@uuinc.com