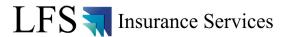


CLIENT NAME:						Date:		
☐ Male ☐ Female Da	te of birth:	Heig	ht:'	" Weight:				
	used 🗆 To	otally stopped Date	stopped:		Jse now Type of	f nicotine product:ivor UL		
Coverage Amount:				Premium:				
		<u> </u>	_	LY HISTORY				
Has proposed insur	•	rent, brother or siste separate sheet to p	r who had can	cer, diabetes, stro		ey disease or who committed and date of death	d suicide?	
		PROPO	SED INSURED'	S EXISTING INSUF	RANCE	,		
Full Name of Company		Face Amount		Yea	r Issued	Is Policy to be Repla	Is Policy to be Replaced?	
. Do you now use, or in the	ne last 10 yea	rs have you used, any	y form of mariji	ıana (whether legal	or illegal) \(\subseteq \)	Jo □ Yes		
	Frequency			Purpose				
Form Used	Per Day	Per Week	Per Month	Recreational	Medical	Date of Last Use		
☐ Smoking								
□ Vape								
☐ Capsules								
☐ Edibles								
☐ Other								
besides marijuana? In the last 10 years, have	, □ cocaine None e you seen a	, □ barbiturates, □ physician, or sough	hallucinogens,	□ narcotics, □ m	ethamphetamine	cribed by a medical s, or □ other drugs of abuse unseling fordrug abuse, include		
Are you now, on in the l	ast 10 years	have you been, a m	ember of AA,	_		No □Yes; please answer be	elow	
Has client ever been con	nvicted of ar	ny drug-related activi	ity? □No □	Yes; please give	details			
Do you currently or have	e you in the	last 10 years distrib	uted marijuana	on and basis?	No □ Yes; ple	ease give details		
Is client taking any med	dications? (a	accurate name, dosa	ge, and reason)				
Accurate) Name of Medication			Dosage	Reason				



FAMILY HISTORY (ADDENDUM)

Client Name:			Date:
☐ Male ☐ Female Date of birth:_	Height:'	" Weight:	
	()		
1. Has the proposed insured had relative	e(s) with any of the following:		
☐ Parent	tes □ Stroke □ Heart disease	Committed avialds	Other (explain heless)
			☐ Other (explain below)
	Date of death:		
Brother			
	tes ☐ Stroke ☐ Heart disease		☐ Other (explain below)
Age of onset:	Date of death:		
☐ Sister			
Has had: ☐ Cancer ☐ Diabe	tes □ Stroke □ Heart disease	☐ Committed suicide	☐ Other (explain below)
Age of onset:	Date of death:		