DRUGS

LFS Insurance Services

CLIENT NAME:_____ **Date:** _____

☐ Male ☐ Female Date of birth:_____ Height:_____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped:_____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount:_____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Do you now use, or in the last 10 years have you used, any form of marijuana (whether legal or illegal) ☐ No ☐ Yes

Form Used	Frequency			Purpose		Date of Last Use
	Per Day	Per Week	Per Month	Recreational	Medical	
☐ Smoking						
☐ Vape						
☐ Capsules						
☐ Edibles						
☐ Other						

If medicinal, what medical condition is it used for (we will need additional details on the condition)

_____

☐ Marital status:_____ ☐ Occupation:_____ ☐ Length of employment: _____

2. Do you now use, or in the last 10 years have you used, any of the following substances that were not prescribed by a medical professional: ☐ opioids, ☐ cocaine, ☐ barbiturates, ☐ hallucinogens, ☐ narcotics, ☐ methamphetamines, or ☐ other drugs of abuse _____ besides marijuana? ☐ None

3. In the last 10 years, have you seen a physician, or sought, or been advised to seek medical treatment or counseling fordrug abuse, including marijuana, or alcohol abuse? ☐ No ☐ Yes; please give details

_____

_____

4. Are you now, on in the last 10 years have you been, a member of AA, NA or similar organizations? ☐ No ☐ Yes; please answer below

How long have you been a member? _____ How often do you attend? _____

5. Has client ever been convicted of any drug-related activity? ☐ No ☐ Yes; please give details

_____

_____

6. Do you currently or have you in the last 10 years distributed marijuana on and basis? ☐ No ☐ Yes; please give details

_____

7. Is client taking any medications? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

LFS Insurance Services

FAMILY HISTORY (ADDENDUM)

Client Name:_____ **Date:** _____

☐ Male ☐ Female Date of birth:_____ Height:_____'_____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information