

# QUESTIONS YOU MAY BE ASKED WHEN APPLYING FOR LIFE INSURANCE

Here are some questions you may be asked when you speak with the underwriting representative:

## Insurance History

- Will this insurance replace any existing insurance or annuity?
- Are you applying for or reinstating life insurance with any company?
- Have you had life or health insurance declined, postponed, rated or issued with an increased premium?

## Non-Medical

- In the past five years, have you flown as a pilot, student pilot or crew member or do you intend to become a pilot?
- In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, extreme sports such as BASE jumping, bungee jumping or cave exploration, or do you intend to?
- In the past five years, have you:
  1. Had your driver's license denied, suspended or revoked?
  2. Been convicted of or pled guilty to driving under the influence of alcohol and/or drugs?
  3. Been convicted of or pled guilty to any moving violations?
- Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and / or are you currently awaiting trial for any crime?
- Do you plan to live or travel outside the United States within the next 12 months?
- Have you ever used tobacco or other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch?

## Family History

- Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70?
- What is your father's current age or age at death?
- What is your mother's current age or age at death?

## Other

Depending on your situation and the type of coverage for which you are applying, you may be asked additional questions about your:

- children
- family insurance

## Personal Physician Information

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of last visit

\_\_\_\_\_  
Reason for last visit

## Medical Information

- Has a member of the medical profession ever treated you for or diagnosed you with:
  1. High blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels?
  2. Anemia or other abnormality of the blood (other than HIV)?
  3. A polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease?
  4. Diabetes, high blood sugar, glucose intolerance or other endocrine disorder?
  5. Anxiety, depression, or any other mental or psychiatric illness?
  6. An infection caused by the Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease?
  7. Asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system?
  8. A seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system?
  9. An ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines?
  10. Nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate?
  11. Arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones?
  12. Lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?
- Have you ever used:
  1. Cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance?
  2. Amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician?

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