

# Over Age 70 Quote Request

Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker? Y N State \_\_\_\_\_

Coverage Desired? \_\_\_\_\_ Amount \_\_\_\_\_ Plan Desired? \_\_\_\_\_

Have you ever been Rated or Declined for insurance? If YES Complete details please

What is your current marital status? \_\_\_\_\_  
If Widowed, Date of Spouse's death \_\_\_\_\_

Please indicate your current living arrangement: \_\_\_\_\_ Please circle best answer)  
Live Alone Live with Spouse Live with Family Members  
Live in a Retirement Facility Confined to a Full Time Care Facility

Are you still working? Y N Full Time Part Time  
Do you do any Volunteer Work Y N Full Time Part Time  
Do you do your own grocery shopping? Y N  
Do you manage your own finances? Y N  
What regular exercise do you get? \_\_\_\_\_  
What are your hobbies, interests, activities? \_\_\_\_\_

Has your weight changed by 10 lbs or more recently? Y N Please Explain \_\_\_\_\_

What have been your recent Blood Pressure readings? \_\_\_\_\_ Cholesterol \_\_\_\_\_

Have you been hospitalized in the past 5 years? Y N  
If YES, Complete Details and Dates please \_\_\_\_\_

Do you have any abnormalities on an EKG or X-ray? Y N  
If YES, Complete Results and Dates please \_\_\_\_\_

Do you have Diabetes? Y N When Diagnosed? \_\_\_\_\_  
If YES, what medication are you taking? \_\_\_\_\_

Do you have any Family History of Breast Cancer, Heart Disease or Diabetes? \_\_\_\_\_  
If YES, Complete Details please \_\_\_\_\_

Please list all medications being taken: \_\_\_\_\_

Do you have any other major health problems? (example: Coronary Artery Disease, etc)? \_\_\_\_\_

Broker Submitting Questionnaire: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please send completed form: Victorson Associates, Inc. PO Box 863 Smithtown, NY 11787  
You may Fax to: (631) 265-7054 or E-mail to: vainc@victorson.com