

Informal Questionnaire to Help Determine  
Likely Qualification for Guardian's "Preferred Plus" or Berkshire's Super Preferred Life Insurance Rates

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\*\*\* Is there *anything* in your current condition or past history would preclude a description of you as a "preferred-best risk" individual? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Additionally:

1 Do you use tobacco now in any form? Yes  No

What type? \_\_\_\_\_ If no tobacco use now, when did you last use any? \_\_\_\_\_

2 What is your blood pressure? \_\_\_\_\_

Are you taking or have you ever taken medication to control it? Yes  No

3 What is your height and weight? \_\_\_\_\_

4 What is your cholesterol level (if you know)? \_\_\_\_\_

What is your HDL/LDL ratio (if you know)? \_\_\_\_\_

Are you taking (or have you ever taken) any medication to lower your cholesterol? Yes  No

5 Has a parent or sibling died of cardiovascular disease, cancer, kidney disease, or diabetes prior to age 60? Yes  No  Details: \_\_\_\_\_  
\_\_\_\_\_

Does a parent or sibling *currently* have any cardiovascular disease or cancer now? Yes  No

At what age was the condition diagnosed? \_\_\_\_\_

Details: \_\_\_\_\_

6 Driving: how many moving violations have you had in the past 3 years? \_\_\_\_\_

Have you *ever* had a DUI? Yes  No  When? \_\_\_\_\_

7 Do you do any private flying (i.e. piloting a plane or flying other than as a fare-paying passenger on a commercial airline)? Yes  No  (Will require aviation exclusion.)

Any other avocations like scuba diving, rock climbing, etc.? Yes  No

Details: \_\_\_\_\_

8 What medications are you currently taking, and for what purpose? \_\_\_\_\_  
\_\_\_\_\_

9 Do you have any history of alcohol or drug abuse? Yes  No

\_\_\_\_\_