

12. Insurance History and Non-Medical Hazards

- a. In the **past 5 years**, has any proposed insured applied for life, accident, or health insurance or for reinstatement of any such insurance that was declined, postponed, cancelled or withdrawn, or modified as to plan, amount, or rate? *(If Yes, provide details below.)*..... Yes No

- b. In the **past 5 years**, has any proposed insured engaged in – or within the **next 2 years** does any proposed insured intend to engage in - flights as a pilot, student pilot, crew member, or observer? *(If Yes, complete Aviation Questionnaire.)*..... Yes No
- c. In the **past 5 years**, has any proposed insured engaged in - or within the **next 2 years** does any proposed insured intend to engage in - mountain climbing, rock climbing, racing, SCUBA diving, hang gliding, ballooning, or sky diving? *(If Yes, complete appropriate questionnaire.)*... Yes No
- d. In the **past 10 years**, has any proposed insured plead guilty or been convicted of a felony or have any felony charges currently pending? *(If Yes, provide details below.)*..... Yes No

- e. In the **past 12 months**, has any proposed insured been or are you currently on probation or parole? *(If Yes, provide start and end date.)*..... Yes No

13. Driving History

Primary Proposed Insured:

- a. Do you have a driver's license? Yes No
If Yes, what is the driver's license number and issue state?.....DL#: _____ State: _____
*If No, have you **EVER** had a driver's license? Yes No*
- b. In the **past 5 years**, have you been convicted of any of the following?
- driving under the influence or driving while impaired Yes No
If Yes, provide date and details regarding sentence: Date: _____ Details: _____
 - Reckless Driving Yes No
If Yes, provide date and details regarding sentence:.....Date: _____ Details: _____

Additional Proposed Insured:

- a. Do you have a driver's license? Yes No
If Yes, what is the driver's license number and issue state?.....DL#: _____ State: _____
*If No, have you **EVER** had a driver's license? Yes No*
- b. In the **past 5 years**, have you been convicted of any of the following?
- driving under the influence or driving while impaired Yes No
If Yes, provide date and details regarding sentence:.....Date: _____ Details: _____
 - Reckless Driving..... Yes No
If Yes, provide date and details regarding sentence:.....Date: _____ Details: _____

17. Medical History - Lifetime

(For questions 17 through 20c, provide details in Section 21, excluding any information pertaining to HIV/AIDS/ARC.)

Has any proposed insured EVER been diagnosed, received treatment for, or been advised by a licensed member of the medical profession to seek treatment regarding...

- a. Heart disease, including: heart attack; coronary artery blockage; angina; heart failure; cardiomyopathy; irregular heartbeat; or disease or disorder of the heart? Yes No
- b. Stroke, Transient Ischemic Attack (TIA/mini-stroke), carotid artery disease, peripheral vascular disease, poor circulation, aneurysm, or any other disease or disorder of the blood vessels? Yes No
- c. Cancer, tumor, abnormal growth, lump, mass, melanoma, lymphoma, or leukemia? Yes No
- d. Anemia, clotting disorder, or any disease or disorder of the blood? Yes No
- e. Any diseases or disorders of the immune system except for those related to HIV/AIDS/ARC? Yes No
- f. Been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection, or other sickness or condition derived from such infection? Yes No

18. Medical History - Last 10 Years

In the past 10 YEARS, has any proposed insured EVER been diagnosed, received treatment for, or been advised by a licensed member of the medical profession to seek treatment regarding...

- a. High blood pressure? Yes No
- b. Diabetes or abnormal blood sugar to include high blood sugar or low blood sugar? Yes No
- c. Depression, anxiety, attention deficit/hyperactivity disorder, bipolar disorder, schizophrenia, post-traumatic stress disorder, or psychiatric treatment? Yes No
- d. Asthma, chronic bronchitis, Chronic Obstructive Pulmonary Disease (COPD), emphysema, sleep apnea, tuberculosis, or any disease or disorder of the lungs? Yes No
- e. Gastrointestinal bleeding, ulcers, Crohn's disease, Barrett's esophagus, ulcerative colitis, hepatitis, cirrhosis, colon polyps, or any other disease or disorder of the esophagus, stomach, intestines/colon, rectum, liver or pancreas? Yes No
- f. Any disease or disorder of the kidneys, urinary bladder, blood in urine, protein in urine, prostate disorder including abnormal PSA (prostate specific antigen), ovaries, uterus, or cervix including abnormal Pap smear? Yes No
- g. Disorder of the thyroid, pituitary gland, parathyroid glands, or adrenal glands? Yes No
- h. Arthritis, fibromyalgia, chronic pain, chronic back pain, or any joint or muscle condition? Yes No
- i. Lupus, scleroderma, any connective tissue disease, or any autoimmune disorder? Yes No
- j. Seizures/epilepsy, tremors, multiple sclerosis, paralysis, Alzheimer's, dementia, Parkinson's, blindness or any other disease or disorder of the brain or nervous system? Yes No

19. Drugs/Alcohol History

In the past 10 YEARS, has any proposed insured...

- a. Used marijuana in any form? Yes No
- b. Used cocaine, barbiturates, crack, ecstasy, methamphetamine, heroin, LSD or hallucinogens or any other controlled substance not prescribed by a physician? Yes No
- c. Been addicted to prescription medication or been advised by a licensed medical professional to discontinue habit forming drugs? Yes No
- d. Been advised by a licensed medical professional to cease or reduce alcohol use or been advised to get medical treatment, or undergone any medical treatment, counseling, or hospitalization for alcoholism, excessive alcohol use or abuse? Yes No

20. Medical History - Last 5 Years

In the past 5 YEARS, has any proposed insured...

- a. Had any consultation, testing, surgery or investigation scheduled or recommended by a licensed member of the medical profession that has not yet been completed (excluding routine checkups, preventative care, pregnancy and HIV)? Yes No
- b. Applied for or received any disability benefits (other than maternity) from any insurance company, government, employer, or other source? Yes No
- c. Taken any prescription medications other than what has already been disclosed on the application? (If Yes, list medications below) Yes No