

**PLEASE ATTACH THE FOLLOWING FORM TO ALL REQUESTS AND EMAIL TO
INFORMALS@BSIINSURANCE.COM**

PRELIMINARY INQUIRY

TO: M&M BROKERAGE SERVICES
555 MADISON AVE
NEW YORK, NY 10022
TEL. NO. 212-767-7444
FAX NO. 212-664-0913
INFORMALS@BSIINSURANCE.COM

BROKER NAME: _____
EMAIL ADDRESS: _____
CONTACT PERSON: _____
PHONE: _____ FAX: _____

UNDERWRITING QUESTIONNAIRE: ALL APPLICANTS MUST COMPLETE QUESTIONS 1-7

1. PROPOSED INSURED: _____ SSN: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
OCCUPATION: _____ HEIGHT: _____ WEIGHT: _____
SMOKER: YES _____ NO _____ (SINCE) _____ NEVER _____
2. AMOUNT OF PROPOSED INSURANCE \$ _____ TYPE _____
OWNER _____ BENEFICIARY _____
3. WILL THIS PROPOSED INSURANCE INVOLVE ANY REPLACEMENT? YES _____ NO _____
4. UNUSUAL CONCERN (IF ANY) _____

5. INSURANCE IN FORCE:	COMPANY	FACE AMOUNT	TYPE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. NAMES, ADDRESSES AND PHONE NOS. OF DOCTORS SEEN WITHIN 5 YEARS:

7. CHECK GENERAL AREA(S) OF UNDERWRITING CONCERN (circle all that apply):
- Cardiovascular or high blood pressure
 - Cancer or tumor Type _____ Stage _____
 - Diabetes Type _____ Age of Onset _____
 - Drug abuse or alcohol abuse
 - Other medical problems, including mental or psychiatric; stomach; emphysema; urinary tract; male or female problems, endocrine, blood disorder; if other, please specify
Additional Information If Checked _____
- _____
- Financial justification, hazardous occupation, avocation, driving history, etc.

TRIAL APPLICATIONS WILL BE SUBMITTED ONLY ONCE. ANY ADDITIONAL INFORMATION REQUIRED MUST BE ACCOMPANIED WITH A FORMAL APPLICATION.

**THIS PRELIMINARY INQUIRY FORM IS TO BE USED TO GATHER DATA FOR THE PROPOSED INSURED
AND IS NOT AN APPLICATION FOR LIFE INSURANCE**