



# Quick Quoter

Clinical Underwriting®

## Tobacco Usage

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent Name	Fax	
Address	Phone	
City	State	Zip

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Smoker:  No  Yes

Insurance Amount: \_\_\_\_\_ Insurance Type:  Term  UL  Survivor UL

Additional Insured's Name (only if applying for Survivor UL): \_\_\_\_\_

OTHER COMPANY ACTIONS: Company: \_\_\_\_\_ Date applied: \_\_\_\_/\_\_\_\_

Declined  Postponed  Rated Table: \_\_\_\_\_

1. In the past 12 months, client has used tobacco products as follows:

- |            |                |          |      |       |              |
|------------|----------------|----------|------|-------|--------------|
| Cigarettes | Quantity _____ | PER: Day | Week | Month | (select one) |
| Cigars     | Quantity _____ | PER: Day | Week | Month | (select one) |
| Pipe       | Quantity _____ | PER: Day | Week | Month | (select one) |
| Chewing    | Quantity _____ | PER: Day | Week | Month | (select one) |
| Smokeless  | Quantity _____ | PER: Day | Week | Month | (select one) |

2. In the past 24 months, client's use of tobacco products has changed as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has client used the noted tobacco products regularly at any time during their life?  No  Yes

If yes, describe regular usage per day, week or month and the number of years each tobacco product was used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is client currently using a nicotine patch or any other nicotine products to help stop smoking?

No  Yes If yes, describe \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION \_\_\_\_\_

\_\_\_\_\_