

Heirmark Private Preliminary Inquiry



This form is **NOT** a formal application for life insurance. This Private Preliminary Inquiry is used exclusively by Heirmark to informally investigate your insurability through our proprietary and confidential process. It will be used to gather specific information for a proposed insured's medical history and other factors that may impact underwriting and rating classification. Completed forms can be returned via email to jllovel@heirmark.com, fax (440) 630-9401, or mail 7005 S. Edgerton Rd., Ste. 101, Cleveland, OH 44141.

Preferred Location for Exam: Home Business Other: _____

Preferred Mode of Communication: Cell #: _____ Business #: _____

E-mail: _____ Other: _____

Insured Name: _____ Date of Birth: ___/___/___

Home Address: _____

Full Business Address: _____

Height: _____ Weight: _____ Social Security No.: _____

Medical History:

Does insured currently use tobacco in any form (cigarettes, cigars, chewing tobacco, nicotine patch or gum)? Yes No

If **YES**, please specify the form of tobacco and the quantity used: _____

Please list all Doctors seen in the past **five years**, including all applicable cardiologists, neurologists, urologists, dermatologists, gynecologists, and endocrinologists. *(Attach a separate sheet for additional doctors)*

NAME & SPECIALTY	CITY & STATE	PHONE NUMBER	WHEN? / WHY?

Hazardous Activities:

Do you have or are you currently training to get a pilot's license? Yes No

If **YES**, provide details: _____

How many hours do you fly per year? _____ Do you have an IFR (instrument flight rating)? Yes No

Do you participate in the following activities? Mountain Climbing Hang Gliding Scuba Diving Ultra Flying
 Bungee Jumping Auto/Motorcycle Racing Sky Diving

Details: _____

Foreign Travel:

Have you travelled or do you have formal plans to travel outside the U.S.? Yes No If **YES**, provide details:

	PAST 3 YEARS	CURRENT 12 MONTHS	NEXT 12 MONTHS
DESTINATION			
DATES/DURATION OF STAY			
HOW OFTEN			
PURPOSE OF TRIP			