

PRELIMINARY INQUIRY

Advisor's Name / MGA Name:

Disclaimer

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This does not constitute an offer but is rather a tentative opinion based solely on the information provided. This information will need to be validated and assessed in conjunction with a fully completed application, age & amount requirements and any other supplemental requirement requested by the Underwriting Department.

Plan Details:	Universal Life	e 🗌 Term Life	Critical Illness	Permanent/Traditional Life
Age:		Male Female	Smoking Class:	
Height:	ft m	in cm	Weight:	🗌 lbs 🔛 kg

1.	Nature/Name of the disease or current condition?					
2.	Date of diagnosis?					
3.	Current treatment and medication (Please provide name and daily dosage of ALL medications): Medication Dosage Medication Dosage					
4.	Currently being followed by a Dr.? INO Yes (If Yes, please complete (4. a., b., c. and d.)					
4a.	Date of first consultation?					
4b.	Date of last consultation?					
4c.	Tests performed and results (from last consultation)? Test Results Results Results					
4d.	Scheduled follow-up?					
5.	5. If cancer history, and if known, what is the stage?					
6.	Has your client traveled, resided, or worked outside North America in the past 12 months or have plans to do so in the next 12 months?					
6a.	If Yes, indicate: Country City Length of stay					
7.	If avocation, please attach the appropriate questionnaire (Questionnaires can be found on our website at <u>www.bmoinsurance.com/advisor</u>).					
8.	Rated or declined in the past?					
9.	Are you applying elsewhere?					
Comm	ents:					