



## PREFERRED UNDERWRITING PREQUALIFICATION QUESTIONNAIRE

Insured's name: \_\_\_\_\_

### Section A

Section A determines the insured's "smoker" or "non smoker" status, which will determine eligibility for one of the following classes:

Smoker	Non smoker		
Preferred smoker	Preferred non smoker		
Elite smoker	Elite non smoker.	Yes	No

Have you used tobacco in any form whatsoever (cigarette, cigar, cigarillo, pipe, etc., including any nicotine products) in the past 12 months?

Yes  No

**Yes** ▶ Your status is "smoker."

Go to **Question 2 Section B** to determine your eligibility for the Preferred or Elite status.

**No** ▶ Your status is "non smoker."

Go to **Question 1 Section B** to determine your eligibility for the Preferred or Elite status.

### Section B

To be eligible for the Preferred class, the insured must have answered **NO** to all the following questions.

#### Eligibility criteria for the Preferred Class

Criteria		Yes	No
<b>1. Tobacco use</b> (only for insureds who have been "non smokers" for more than 12 months)	Have you used tobacco in any form whatsoever (including nicotine products) <b>in the past 3 years?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Height and weight</b>	Does your weight exceed the maximum weight corresponding to your height as indicated in the <b>Preferred column</b> on the "Height and Weight" table shown on reverse?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Blood pressure</b>	Have you ever taken medication to treat high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Cholesterol level</b>	Have you ever taken medication to treat a high cholesterol level?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Medical history</b>	Have you ever suffered from diabetes, cancer or cardiovascular diseases (i.e. heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Family history</b>	Has any member of your family (father, mother, brother, sister) been diagnosed or died <b>before age 60</b> from cancer, diabetes or a cardiovascular disease (i.e. heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, cerebrovascular accident)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Alcohol use</b>	Have you been treated for alcohol abuse <b>in the past 10 years?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Drug use</b>	Have you been treated for drug abuse or used any drugs <b>in the past 10 years?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Driving record</b>	<b>Over the past 5 years</b> , have you been convicted of 6 infractions or more under the Highway traffic act? <b>Over the past 5 years</b> , have you been convicted of impaired driving?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>10. Criminal record</b>	<b>Over the past 10 years</b> , have you been found guilty of any criminal acts or offences or are there charges pending?	<input type="checkbox"/>	<input type="checkbox"/>

▶ **Complete Section C** only if the insured answered **NO** to all the questions in **Section B**.

### Section C





To be eligible for the Elite class, the insured must have answered **NO** to all the following questions.

#### Eligibility criteria for the Elite Class

Criteria		Yes	No
<b>11. Tobacco use</b> (for "non smokers" only)	Have you used tobacco in any form whatsoever (including nicotine products) <b>in the past 5 years?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Height and weight</b>	Does your weight exceed the maximum weight corresponding to your height as indicated in the <b>Elite column</b> on the "Height and Weight" table shown on reverse?	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Family history</b>	Has any member of your family (father, mother, brother, sister) been diagnosed or died <b>before age 65</b> from cancer, diabetes or a cardiovascular disease (i.e. heart attack, myocardial infarct, angina, cardiac insufficiency, cerebral thrombosis, cerebrovascular accident)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Alcohol use</b>	Have you ever been treated for alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Drug use</b>	Have you ever been treated for drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>



## “HEIGHT AND WEIGHT” TABLE

HEIGHT		PREFERRED (smoker / non smoker)				ELITE (smoker / non smoker)			
		MAX. WEIGHT 		MAX. WEIGHT 		MAX. WEIGHT 		MAX. WEIGHT 	
feet	metres	pounds	kilos	pounds	kilos	pounds	kilos	pounds	kilos
4'8"	1.42	133	60	132	60	121	55	120	54
4'9"	1.45	138	63	137	62	125	57	124	56
4'10"	1.47	143	65	142	64	130	59	129	59
4'11"	1.50	149	68	145	66	135	61	132	60
5'	1.52	155	70	149	68	141	64	135	61
5'1"	1.55	161	73	152	69	146	66	139	63
5'2"	1.58	167	76	156	71	152	69	142	64
5'3"	1.60	173	78	160	73	157	71	145	66
5'4"	1.63	178	81	163	74	162	73	149	68
5'5"	1.65	184	83	167	76	167	76	152	69
5'6"	1.68	189	86	171	78	172	78	155	70
5'7"	1.70	195	88	174	79	177	80	158	72
5'8"	1.73	200	91	179	81	182	83	163	74
5'9"	1.75	206	93	184	83	187	85	167	76
5'10"	1.78	211	96	189	86	191	87	172	78
5'11"	1.80	217	98	194	88	197	89	176	80
6'	1.83	223	101	198	90	202	92	180	82
6'1"	1.85	229	104	203	92	208	94	185	84
6'2"	1.88	235	107	208	94	213	97	189	86
6'3"	1.91	241	109	212	96	219	99	193	88
6'4"	1.93	247	112	219	99	224	102	199	90
6'5"	1.96	253	115	225	102	230	104	205	93
6'6"	1.98	260	118	230	104	237	108	209	95