



Harvey D. Yoder

www.hyoder.com

harvey@hyoder.com

817-731-7373 • 800-722-8512

P.O. Box 101267 • Fort Worth, TX 76185

3337 Winthrop Avenue • Fort Worth, TX 76116

**RETURN TO: FAX 817-731-8200 Preliminary Underwriting Consideration Form**

Agent's Name: \_\_\_\_\_ Agent Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_

**The following questions must be answered to receive a tentative quote.**

See "Ask The Doctor" on our web site for specific disease or hazardous hobby questionnaires

Agent Note: Include a copy of the tentative offer (this form) with application and proposal.

\_\_\_\_\_  
Name of Applicant State of Application DOB Sex Height Weight

**Tobacco History if any:**

Has never used tobacco in any form \_\_\_ If currently using tobacco, in what form \_\_\_\_\_

Amount of usage (per day, week, month, etc.) \_\_\_\_\_ If quit, how long ago \_\_\_\_\_

Number of years using tobacco \_\_\_\_\_ Regular \_\_\_ Occasional (describe) \_\_\_\_\_

Describe any product, duration, & dosage used to quit tobacco \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Premium Mode: \_\_\_\_\_

Plan: Ordinary/Variable - UL/Whole Life - Individual/Survivorship - Term: ART-5-10-15-20-30

**Family History:** Good \_\_\_ If not, please provide relationship, age, present health, or cause of death

\_\_\_\_\_  
\_\_\_\_\_

**Summarize medical impairment/condition and medications (use a separate page if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action by other companies (include the year):**

Declined \_\_\_\_\_ Rated: \_\_\_\_\_ Plan (UL, Term, etc.): \_\_\_\_\_ Face Amount \_\_\_\_\_

Reason \_\_\_\_\_ Which Companies \_\_\_\_\_

**Tentative Offer by Company Underwriter** \_\_\_\_\_ Smoker \_\_\_ Non-Smoker

By: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL UNDERWRITING DECISIONS WILL BE BASED ON THE FORMAL APPLICATION AND UNDERWRITING REQUIREMENTS.**