CLIENT PRE-UNDERWRITING QUESTIONNAIRE

CONTACT 800.541.7713 coreincome.com

Date of Birth:	Height:	Weight:
Are you currently on (or have comp	bleted in the last 30 days) a	ny prescribed medications?
Yes No		
If yes, please list with dosage and c	corresponding health condit	ion(s).
Medication	Dosage Co	prresponding Health Condition
Have you had any medical procedu	res, surgeries, or hospital st	ays in the last 5 years?
Yes No		
If Yes, please list along with date(s)	below.	



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