



Select Risk Questionnaire

Name: _____

Date of Birth: _____

Insured's Address: _____

Social Security Number: _____

Employer: _____

Job Title: _____

Annual Income: _____

Please provide the following information to the best of your knowledge:

- 1) Have you suffered an accident or sickness or disease which resulted in your inability to perform the major duties of your occupation, for a period of ten (10) consecutive days or more, within the past eighteen (18) months? If YES, please provide full details.

___ Yes ___ No

- 2) Have you been advised or do you have reason to believe that you will need medical or surgical treatment in the future? If YES, please provide full details.

___ Yes ___ No

- 3) Are you currently physically able to perform all of the duties required of your job description? If NO, please provide full details.

___ Yes ___ No

I have read the statements and answers recorded herein. They are to the best of my knowledge and belief, true and complete and correctly recorded. Underwriters at Lloyd's, London will rely on this information in making its determinations in regards to insurability.

Employer's Signature: _____ Date: _____