



QUESTIONNAIRE CHART LIFE APPLICATION QUESTIONNAIRES 17AP-LIFE-CA

GENERAL RISK QUESTIONS		
	If 'YES' on Application:	Then use this Questionnaire:
QUESTION 1	'Yes'	Driving History
QUESTION 4	'Yes'	Aviation
QUESTION 5	'Yes'	Sport, Amusement, or Avocation
QUESTION 6	'Yes' Marijuana	Marijuana
	'Yes' Narcotic	Drug Use
	'Yes' Intravenous	Drug Use
	'Yes' Cocaine	Drug Use
	'Yes' Barbiturates	Drug Use
	'Yes' Hallucinogens	Drug Use
QUESTION 7	'Yes' Drug Abuse	Drug Use
	'Yes' Alcohol Abuse	Alcohol
QUESTION 8	'Yes' 25-50	Alcohol
	'Yes' 50 or more	Alcohol
QUESTION 9	'Yes'	Criminal History
QUESTION 10	'Yes'	Foreign Travel and Residence
MEDICAL QUESTIONS		
	If 'YES' on Application:	Then use this Questionnaire:
QUESTION 15	'Yes' Asthma/Bronchitis	Respiratory
	'Yes' High Blood Pressure	Hypertension
	'Yes' Emphysema	Respiratory
	'Yes' Sleep Apnea	Sleep Apnea
	'Yes' COPD	Respiratory
	'Yes' Depression/Anxiety	Mental/Nervous Disorder
	'Yes' Diabetes	Diabetes
	'Yes' Chronic Fatigue Syndrome	Mental/Nervous Disorder
QUESTION 16	'Yes' Psychological Disorder	Mental/Nervous Disorder
	'Yes' Lungs/Respiratory System	Respiratory
	'Yes' Brain/Nervous System	Mental/Nervous Disorder and/or Seizure