This form is to be completed ONLY by the Medical Examiner.

NOT FOR AGENT USE

West Coast Life Insurance Company
A PROTECTIVE COMPANY

West Coast Life Insurance Company
P.O. Box 830570
Birmingham, AL 35283
1-800-366-9378

ACTIVITIES QUESTIONNAIRE

1. PROPOSED INSURED'S NAME (Please Print)	Date of Birth

2. DO YOU PARTICIPATE IN ANY TYPE OF WORK ACTIVITIES (Full-Time, Part-Time, Volunteer, Etc.)? ☐ Yes ☐ No
(If "Yes", complete the following.) Type: _____
Frequency: _____

3. ARE YOU A MEMBER OF ANY TYPE OF CLUB OR ORGANIZATION? ☐ Yes ☐ No
(If "Yes", complete the following.) Activities Involved: _____
Frequency of Attendance: _____

4. DO YOU CURRENTLY DRIVE? ☐ Yes ☐ No
(If "Yes", complete the following.) Describe any violations or accidents within the past five years: _____
_____
(If "No", complete the following.) When did you last drive? _____
Why did you stop driving? _____

5. DO YOU PARTICIPATE IN ANY TYPE OF EXERCISE? ☐ Yes ☐ No
(If "Yes", complete the following.) Type: _____
Frequency: _____

6. DO YOU PARTICIPATE IN ANY OTHER HOBBIES OR ACTIVITIES? ☐ Yes ☐ No
(If "Yes", complete the following.) Type: _____
Frequency: _____

7. DO YOU HAVE A PET? ☐ Yes ☐ No
(If "Yes", complete the following.) Type: _____

8. HAVE YOU BEEN ADVISED TO ENTER, PLAN TO RESIDE IN, OR ARE CURRENTLY RESIDING IN A NURSING HOME, ASSISTED LIVING FACILITY OR OTHER CUSTODIAL FACILITY, RECEIVING HOME HEALTH CARE SERVICES OR ATTENDING ADULT DAY CARE? ☐ Yes ☐ No
(If "Yes", provide details.) _____

9. ARE YOU UNABLE, WITHOUT ASSISTANCE OR SUPERVISION, TO PERFORM REGULAR ACTIVITIES SUCH AS: EATING, DRESSING, TOILETING, TRANSFERRING FROM BED TO CHAIR, WALKING, MAINTAINING CONTINENCE, BATHING OR COOKING MEALS FOR MORE THAN 7 CONSECUTIVE DAYS WITHIN THE PAST 6 MONTHS BECAUSE OF SICKNESS OR INJURY? ☐ Yes ☐ No
(If "Yes", provide details.) _____

10. ARE YOU USING ONE OF THE FOLLOWING MEDICAL DEVICES: WALKER, WHEELCHAIR, HOSPITAL BED, CANE, LEG BRACES, OXYGEN, STAIR LIFT, OR DIALYSIS? ☐ Yes ☐ No
(If "Yes", complete the following.) Type: _____
Frequency: _____
Date Last Used: _____

11. ADDITIONAL DETAILS AND COMMENTS:

I agree all statements and answers to the above questions are complete and true.

DATE AT: *(City)* *(State)*	ON: *(Month)* *(Day)* *(Year)*
WITNESS:	PROPOSED INSURED: