

Daily Activity Questionnaire Supplement to Application

I. Do you engage in any type of exercise? Yes No If yes, please describe (What kind? Where? How frequently?)	ALE OF BITTE	Age		
If yes, please describe (What? How frequently?) 3. Do you work as a volunteer?Yes No		(What kind? Where? How from	equently?)	
If yes, please describe (Where? How frequently?) List all medications currently being taken: Medication Frequency Medication Frequency Have you fallen or been injured in the past three years? Yes No If yes, please give details: In case of emergency, is there someone else in the household? Yes No If yes, please give details: When did you last drive an automobile? In the past five years, have you had any driving violations or accidents? Yes No If yes, please give details: Do you perform regular household tasks, i.e., cooking, cleaning, lawn mowing, shopping? Yes No Which ones? Do you have a pet? Yes No If yos, what kind? Do you ever use a cane, walker or wheelchair? Yes No If yes, what do you use and how often? 1. Do you manage your own finances? Yes No hereby declare that the above statements are complete and true to the best of my knowledge and belief, and I agree that they shall form part of my application for insurance.	If yes, please describe	(What? How frequently?)		
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