

# THE PRODUCERS FIRM

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## "BETTER INFORMATION FOR BETTER QUOTES"

Agent's Name \_\_\_\_\_

Agent's Address & Telephone Number \_\_\_\_\_

Name of Proposed Insured \_\_\_\_\_

Date of Birth \_\_\_\_\_

State of Residence \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Smoker ( ) Nonsmoker ( )

Male ( ) Female ( )

Amount of Coverage \_\_\_\_\_

Product Type \_\_\_\_\_

Note: If proposed insured is applying for disability, please provide occupation, job description and income. If proposed insured is applying for term insurance, please state the level of term insurance (5, 10, 15, 20, 30).

## ALCOHOL RELATED UNDERWRITING QUESTIONS

1. Abstained from Alcohol?  
\* Date of last drink?  
\* Reason for stopping?  
\* Number of relapses if any?
2. Current lifestyle?
3. Is client a member of AA or any organized rehabilitation group? If so, please provide details.
4. Has the client undergone any other type of therapy or ever been hospitalized? Please provide details.
5. Any traffic violations or legal problems due to alcohol use? If so, please provide details.
6. Any residual damage (i.e. memory loss or liver damage)? If yes, what type and when diagnosed?
7. Are blood studies normal? If no, where can we obtain a copy of the results?
8. Is client taking antabuse? If yes, how long and provide details.
9. Ever treated for drug problem? If so, when and provide details.
10. Proposed Insureds' exercise habits?

## FAMILY HISTORY

<u>AGE IF LIVING</u>	<u>STATE OF HEALTH OR CAUSE OF DEATH</u>	<u>AGE AT DEATH</u>
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Father \_\_\_\_\_

Mother \_\_\_\_\_

Brothers & \_\_\_\_\_

Sisters \_\_\_\_\_