

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).

ANGIOPLASTY RELATED UNDERWRITING QUESTIONS

1. Date of the surgery?
2. Number of diseased vessels?
3. Number of vessels ballooned?
4. Any angina since surgery?
5. Any restrictions? If so, please provide the details
6. Reason for angioplasty?
7. Has any testing been done (i.e. resting EKG's, stress tests, thallium scans, etc.)?
8. What is the current status of your client?
9. Proposed Insureds' exercise habits?

A copy of the catheterization report, surgical report and copies of all additional studies will be needed.

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		