

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).

ARRHYTHMIA RELATED UNDERWRITING QUESTIONS

- 1. What type of arrhythmia?
- 2. What was the cause?
- 3. Date of the first and last attack?
- 4. What type of treatment was given?
- 5. Type and dosage of any medication?
- 6. Are there any associated conditions or other health problems?
- 7. Has any recent testing been done (i.e. EKG, Holter Monitor, etc.)?
- 8. Any symptoms such as syncope, dizziness, and/or palpitations?
- 9. Proposed Insureds’ exercise habits?

FAMILY HISTORY

AGE IF LIVING STATE OF HEALTH AGE AT DEATH
OR CAUSE OF DEATH

Father _____
Mother _____
Brothers & _____
Sisters _____