

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).

ARTHRITIS RELATED UNDERWRITING QUESTIONS

- 1. Date diagnosed?
- 2. What joints are affected?
- 3. Is the disease at mild, moderate or severe stage?
- 4. Are any organs affected? If yes, provide details
- 5. Ever taken gold, steroids, or immunosuppressive therapy?
- 6. Currently taking medication? Provide type and dosage
- 7. What are the present symptoms?
- 8. Is the proposed insured leading a normal lifestyle?
- 9. Any disability? If yes, provide the 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
