

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).

ASTHMA RELATED UNDERWRITING QUESTIONS

1. When diagnosed?
2. How many attacks per year? Are they seasonal?
3. Date, duration, and severity of latest attack?
4. Occupation? Any work time lost?
5. Type of treatment?
6. Type of medication and dosage?
7. Any hospitalization? Dates and results/treatment?
8. Non-smoker or smoker?
9. Any special testing done (i.e. pulmonary function test, etc.)? If so, provide dates and results.
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 \_\_\_\_\_