

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).

BUILD RELATED UNDERWRITING QUESTIONS

- 1) What is your height & weight?
- 2) Blood Pressure normal?
- 3) If not, have you or are you being treated for high blood pressure?
- 4) Last B.P. reading?
- 5) Have you lost weight in the past year?
If so, what amount and the reason why?
- 6) Proposed Insureds’ exercise habits?

FAMILY HISTORY

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

Father _____
Mother _____
Brothers & _____
Sisters _____