

# 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).

### BUNDLE BRANCH BLOCK RELATED UNDERWRITING QUESTIONS

1. Please check type of BBB present:

\_\_\_\_\_ CLBBB                      \_\_\_\_\_ CRBBB  
\_\_\_\_\_ LAHB or LPHB            \_\_\_\_\_ IRBBB  
\_\_\_\_\_ Bifascicular Block

2. How long has this abnormality been present? \_\_\_\_\_(years)

3. Has there been any recent change in the ECG?

\_\_\_ No \_\_\_ Yes, please give details: \_\_\_\_\_

4. Please check if your client has had any of the following (check all that apply):

\_\_\_ chest pain or coronary artery disease  
\_\_\_ cardiomyopathy  
\_\_\_ high blood pressure  
\_\_\_ congenital heart disease  
\_\_\_ valvular heart disease

5. Have any cardiac studies been completed?

a. exercise treadmill or thallium: \_\_\_no\_\_\_yes\_\_\_normal or \_\_\_abnormal  
b. resting or exercise echocardiogram: \_\_\_no\_\_\_yes\_\_\_normal\_\_\_abnormal  
c. other

6. Is your client on any medications?

\_\_\_No\_\_\_yes, please give details

7. Has your client smoked cigarettes in the last 12 months? \_\_\_No \_\_\_Yes

8. Does your client have any other major health problems? (example: heart disease, etc.) \_\_\_no\_\_\_yes, please give details

9. Proposed Insureds' exercise habits?

### FAMILY HISTORY

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

Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Brothers & \_\_\_\_\_  
Sisters \_\_\_\_\_