

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).

BY-PASS RELATED UNDERWRITING QUESTIONS

1. The exact date of the by-pass surgery?
2. The number of diseased vessels?
3. The number of vessels by-passed?
4. Any Angina since surgery?
5. Any restrictions? If so, provide details _____
6. Any medication currently taken or taken in the past for the condition? If so, what kind and how much? _____
7. The reason for the by-pass?
8. Has any testing been done (i.e. resting EKG's, stress tests, thallium scans, etc.)? If so, when and what were the results _____
9. Proposed Insureds' exercise habits?

A copy of the catheterization report and surgical report will also be required. We will order these reports.

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 _____