

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, please state the level of term insurance (5, 10, 15, 20, 30).

COPD RELATED UNDERWRITING QUESTIONS
(Chronic Obstruction Pulmonary Disease)

- 1. Date diagnosed?
- 2. Duration & severity?
- 3. Date of last episode?
- 4. Type of treatment?
- 5. Is there use of home oxygen?
- 6. Any meds? If so, type & dosage
- 7. Is there a recent chest x-ray? Pulmonary Function Test? If so, what are the results?
- 8. Does your client use tobacco in any form presently?
- 9. 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>
Father	_____	_____	_____
Mother	_____	_____	_____
Brothers & Sisters	_____	_____	_____