

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).

CANCER RELATED UNDERWRITING QUESTIONS

1. Type of Cancer?
2. Location?
3. Is the pathology report available? If yes, provide details of the stage, grade and size.
4. Date first diagnosed?
5. Any recurrence?
6. Any metastasis? If yes, where?
7. Any surgery? If yes, date and were adjacent glands excised? Were adjacent glands positive for metastasis?
8. Any treatment or medication? Type of drug? Quantity?
9. Date of last treatment? Provide details (i.e. radiation, chemotherapy)
10. Is there a family history of cancer?
11. If melanoma (skin cancer), which stage?
12. Any other health problems?
13. 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
