

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).

ELEVATED CHOLESTEROL RELATED UNDERWRITING QUESTIONS

1. Current Readings: Total Cholesterol, LDL & HDL or ratio, if known?

2. Height & Weight?

3. Blood Pressure Readings?

4. Tryglycerides Elevated? (Reading, if known)

5. Other Health problems?

6. Types of medications taken?

7. On exercise program and/or diet program?

8. 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	_____	_____	_____