

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).

CROHN’S DISEASE RELATED UNDERWRITING QUESTIONS

1. When was the condition diagnosed?
2. What was the date, duration, and severity of the latest attack?
3. Was any surgery involved? If so, please provide the dates and details.
4. What type of treatment is being used? Diet, surgery, etc.
5. Are medications currently being used? If so, please provide the type and dosage.
6. 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	_____	_____	_____