

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).

DIABETES RELATED UNDERWRITING QUESTIONS

1. Age of onset?
2. Type of treatment? Diet, Oral, Insulin? Amount taken daily? Is the treatment under good control?
3. Any problems with circulation, eyes, heart, high blood pressure, infections, or kidneys?
4. How often does client visit doctor? When was last visit and was diabetes under good control?
5. Last fasting glucose or glycohemoglobin reading?
6. Is there any protein in the urine?
7. 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	_____	_____	_____