

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).

DRIVING RELATED UNDERWRITING QUESTIONS

1. Number of moving violations in the past 3 years. Please provide details.

2. Have you ever been convicted of the following: (Please circle)
 - a. Reckless Driving?
 - b. Driving under the influence of alcohol or drugs?
 - c. Had your license suspended?

3. If you answered yes to any of the above, please provide details, along with dates:

4. Have you ever had elevated liver enzymes? If so, give details.

5. Current lifestyle? (i.e. stability, family relations, employment history, etc.)

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>
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Father

Mother

Brothers &

Sisters
