

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).

EATING DISORDER RELATED UNDERWRITING QUESTIONS

1. Type of disorder?
2. Date diagnosed?
3. Cause? (If depression, complete depression questionnaire)
4. Amount of weight loss?
5. Any overactive or obsessive exercise?
6. Binge eating or induced vomiting?
7. Any tiredness or weakness?
8. Is there treatment involved?
9. Type of medical treatment for condition?
10. Taking any medication? If so, dosage.
11. Any therapy (past or present)?
12. 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

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Mother

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Brothers &

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Sisters

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