

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).

EPILEPSY RELATED UNDERWRITING QUESTIONS

- 1. What type and character (grand mal, petite mal, partial or focal)?
- 2. The dates of the first and last attacks?
- 3. The number of attacks per year? The frequency of attacks?
- 4. What type of treatment?
- 5. What type of medication and dosage?
- 6. What is the proposed insureds’ occupation? Is the applicant capable of driving a car?
- 7. Proposed Insureds’ exercise habits?

FAMILY HISTORY

|                       | <u>AGE IF LIVING</u> | <u>STATE OF HEALTH<br/>OR CAUSE OF DEATH</u> | <u>AGE AT DEATH</u> |
|-----------------------|----------------------|--|---------------------|
| Father                |                      |  |                     |
| Mother                |                      |  |                     |
| Brothers &<br>Sisters |                      |  |                     |