

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).

HEART ATTACK RELATED UNDERWRITING QUESTIONS

- 1. Date of the attack?
- 2. What type of treatment was given?
- 3. What type of medication was he/she on? What type are they currently on?
- 4. Are there any restrictions? If so, provide details.
- 5. Has any testing been done? (i.e. stress test, thallium stress test, etc.) If so, provide details.
- 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	_____	_____	_____